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ABSTRACT

This document presents text and data tables excerpted from the 1999 U.S. Department of Education's "Twenty-First Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA)" (1999) related to two programs: the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of IDEA, and the Preschool Grants Program, Part B of IDEA. Section 1, on context and environment, consists of three modules which address: parent involvement in educating children with disabilities; providing access to the general education curriculum for students with disabilities; and developing a highly trained teacher workforce. Section 2, on student characteristics, provides excerpted text on children ages birth through 5 served under IDEA. Section 3 is on programs and services and the excerpted sections focus on educational environments for students with disabilities. The final section provides results from the "Interim Report from the National Assessment" and from state improvement and monitoring efforts. Twenty-four data tables are presented for IDEA Part B and Part C, demographics, state grants, and data notes. Examples of tables include number and percentage of children served by age and disability, teachers for ages 3 through 5, and early intervention settings. Each section contains references. (DB)

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Programs for Young Children with Disabilities Under IDEA

excerpts from the

Twenty-first Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act
by the U.S. Department of Education (1999)

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May 2000

Preface

This document reproduces selected information from the U.S. Department of Education's *Twenty-first Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act* (1999). These selections consist of text and data tables related to two programs for young children and their families under the Individuals with Disabilities Education Act (IDEA):

- the Early Intervention Program for Infants and Toddlers with Disabilities, Part C of IDEA, which covers services to children from birth through age 2; and
- the Preschool Grants Program (Section 619) of Part B of IDEA, which covers services to children from ages 3 through 5.

These excerpts are reproduced without change along with the actual page number and table designations from the *Report*.

NECTAS compiled this information to provide the primary recipients of our TA services — the coordinators of state Part C and Section 619 programs, the chairs of state interagency coordinating councils, and outreach and demonstration project personnel — and others with easy access to the sections of the *Report* that are most relevant to their work.

The complete *Twenty-first Annual Report to Congress* is available at the Department of Education's Web site at the following URL:

http://www.ed.gov/offices/OSERS/OSEP/OSEP99AnlRpt/

Four previous editions are available at the following URLs:

Twentieth Annual Report (1998) at http://www.ed.gov/offices/OSERS/OSEP/OSEP98AnlRpt/
Nineteenth Annual Report (1997) at http://www.ed.gov/offices/OSERS/OSEP/OSEP97AnlRpt/
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TO ASSURE THE FREE APPROPRIATE PUBLIC EDUCATION OF ALL CHILDREN WITH DISABILITIES

Individuals with Disabilities Education Act, Section 618

Twenty-first Annual Report to Congress
on the
Implementation of the
Individuals with Disabilities Education Act

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1999

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EXECUTIVE SUMMARY

Section I

Context/Environment: This section contains background information on the setting within which special education services are provided to children and youth with disabilities. The first module in this section summarizes literature on parent involvement in educating children with disabilities and provides a list of recommendations drawn from the literature. The second module deals with access to the general education curriculum for students with disabilities. It presents Federal legislation related to providing access to the general education curriculum, discusses difficulties involved in doing so, and presents strategies for enhancing access to the general curriculum for students with disabilities. The final module in this section discusses issues in developing a highly trained workforce. It covers Department of Education and Office of Special Education Programs (OSEP) professional development activities and provides a historical overview of OSEP personnel preparation efforts.

Parent Involvement in Educating Children with Disabilities

- Research indicates that the overwhelming majority of parents of children with disabilities are involved in their children's education through meetings with teachers, volunteering at school, helping with homework, or other school- and home-based activities.

- The U.S. Department of Education funds 76 Parent Training and Information Centers and 10 Community Parent Resource Centers to provide training and information to parents of children and youths with disabilities. The goal of these centers is to help parents become effective advocates for their children with disabilities.

- OSEP funds model demonstration projects and research institutes in the parent involvement field. These projects explore new models of community-initiated, family-centered approaches to meeting the needs of young children with disabilities.

- Although research documents the benefits of parent involvement, some parents participate only at a superficial level, and barriers that impede successful parent-school partnerships continue to exist.

Providing Access to the General Education Curriculum for Students with Disabilities

- The Individuals with Disabilities Education Act Amendments of 1997 contain several provisions directed at providing students with disabilities greater access to the general education curriculum and call for a broader focus in educational planning.

- Access to the general education curriculum is dependent in part on pedagogically skilled educators, instructional materials that are accessible to students, and effective instructional strategies.

- Joint participation and leadership of general and special educators in curriculum and standards development, professional development, resource allocation, and instruction are critical in helping students with disabilities access the general education curriculum and acquire skills that will better prepare them for life after school.

- While there are variations in levels of expectation for student demonstration of proficiency, there is an increasing trend to assess the student's ability to apply or demonstrate the use of skills in higher order thinking or problem-solving activities.

Developing a Highly Trained Teacher Workforce

- The Department of Education, supported and encouraged by Congress, researchers, professional organizations, foundations, parents, students, and community members, has focused considerable effort and resources on improving the quality of our Nation's teacher workforce.

- OSEP will continue to support the professional development of personnel who work with students with disabilities with a focus that will result in greater involvement of States and local communities in professional development endeavors.

- The ability of the Department and OSEP to meet their objectives of a highly trained teacher workforce will be challenged by, among other issues, an anticipated need to hire more than 2 million teachers over the next decade, an increasing diversity of the student population that is not reflected in the current teacher workforce, and high-stakes accountability systems which are placing heavier demands on teachers.

- Addressing these challenges will require changes in personnel recruitment, preservice and inservice training, and induction of new teachers into schools.

Section II

Student Characteristics: This section contains three modules related to the characteristics of students served under IDEA and the Federal funding that States receive to serve these students. The first, special education in correctional facilities, synthesizes available information on youths with disabilities in corrections facilities, efforts to provide this population with a free appropriate public education, and challenges associated with the provision of services to incarcerated youths with disabilities. The second module, children ages birth through 5 served under IDEA, summarizes State-reported data and provides information about the States' progress in implementing comprehensive early intervention services for infants and toddlers and providing special education and related services for children ages 3 through 5 with disabilities. The final module outlines legislative changes over the years and changes in the child count data from 1988-89 to 1997-98 for students ages 6 through 21 served under IDEA.

Special Education in Correctional Facilities

- Efforts have been made to improve corrections education by implementing a national policy for corrections education and developing standards for administration; however, no specific standards have been developed to guide the development of special education programs in correctional facilities.

- The small number of special educators within correctional facilities have a broad scope of responsibilities; they cannot be expected to design, implement, and evaluate their own special education programs. State education agency personnel or regional staff may provide assistance and leadership.

- State and local agencies may facilitate transition of incarcerated youths back to community schools. Selected studies have shown the benefits of transition services for youth with disabilities who are moving from correctional facilities to community-based school or work sites.

- The professional development needs of academic staff in correctional facilities are well-documented, most specifically in the area of special education. Teachers need specialized training to work with offender

populations, but institutions of higher education may have difficulty justifying preservice programs geared toward this particular subspecialty.

Children Ages Birth Through Five Served Under IDEA

- The number of children with disabilities served each year under both the Early Intervention Program and the Preschool Grants Program continues to increase.
- The continued growth of this population reflects increased and more effective outreach at the State level through public awareness and Child Find efforts, as well as continued improvement in reporting procedures.
- Over the past 3 years, most children with disabilities in the birth through age 2 population received services at home; children ages 3 through 5 most frequently received services in a regular classroom.

Students Ages 6 Through 21 Served Under IDEA

- The number of students with disabilities served under IDEA continues to increase at a rate higher than both the general population and school enrollment.
- The greatest increases in the past 10 years have been in the 12 through 17 age group and in the other health impairments disability category.
- Although States were allowed to use the developmental delay disability category for children ages 6 through 9 for the first time in 1997-98, only eight States did so, and the number of children reported represented only 1.32 percent of children with disabilities in that age group.

Section III

School Programs and Services: The four modules in this section examine some of the programs and services available within schools for children and youth with disabilities and their families. The module on paraprofessionals in the education workforce reviews the historical and contemporary factors that have led to increased use of paraeducators, presents critical policy questions and systemic issues, and highlights promising practices and strategies for developing standards and systems to

prepare teachers and paraeducators to be members of program implementation teams. Educational environments for students with disabilities summarizes research that demonstrates the positive impact of inclusive schooling practices on students and highlights empirical research on maximizing positive outcomes. The third module describes Federal policies regarding discipline and students with disabilities, summarizes available research relevant to those policies, and outlines the discipline provisions of the IDEA Amendments of 1997. The last module in the section describes the population of students served by visual impairment specialists, the shortage of teachers in this field, and some training programs and initiatives aimed at reducing the shortages of such teachers.

Paraprofessionals in the Education Workforce

- Fewer than half of the State departments of education, including those in the District of Columbia and the territories, have standards or guidelines for the employment, roles and duties, placement, supervision, and training of paraeducators.

- Most teacher education programs have not developed curriculum content to prepare teachers to plan for working with paraeducators, delegate or assign tasks, assess paraeducator skills and performance, and provide on-the-job training.

- A lack of accurate data adversely affects the capacity of SEAs and LEAs to plan and implement policies and systems to improve the quality of paraeducator performance and to develop comprehensive cost-effective education programs for paraeducators.

- OSEP funds the National Resource Center for Paraprofessionals in Education and Related Services to develop guidelines for paraeducator roles and responsibilities as well as model standards for paraeducators' training and supervision.

Educational Environments for Students with Disabilities

- Previous research findings suggest that social interactions between students with and without disabilities are enhanced when students with disabilities are served in regular classes, particularly if teachers use delivery techniques that promote interaction.

- Changes in instructional strategies designed to address the needs of students with disabilities were cited as beneficial for many students without disabilities.

- In 1996-97, over 95 percent of students with disabilities received special education and related services in regular school buildings, and 46 percent were removed from regular classes for less than 21 percent of the day.

- Secondary-aged children were more likely than elementary-aged to receive services outside the regular classroom for more than 21 percent of the school day.

School Discipline and Students with Disabilities

- Recent education policy reflects an attempt to balance the rights of students with disabilities to a free appropriate public education with the provision of an educational environment that is safe and conducive to learning for all students.

- In the past, most States did not collect the data necessary for assessing the extent or type of misconduct by students with disabilities or the disciplinary actions resulting from that misconduct.

- Limitations in available data precluded a thorough assessment of the extent to which students with disabilities are subject to long-term suspension or expulsion.

- Researchers have concluded from recent studies that students with disabilities are suspended and expelled at rates that exceed their proportion in the school population, but data from the Department of Education Office for Civil Rights do not support this finding.

Preparing Teachers To Serve Students with Visual Impairments

- Low numbers of doctoral-level faculty members and a relative lack of specialized teacher training programs have contributed to a persistent shortage of classroom teachers for students with visual impairments.

- Efforts to reduce the shortage of teachers specializing in visual impairments requires innovative, collaborative efforts between OSEP

and agencies such as the Council for Exceptional Children and the American Foundation for the Blind.

- Between 1995 and 1999, OSEP invested over $5 million in personnel preparation grant monies to fund 12 projects related to distance learning programs for personnel providing services to children with visual impairments.

Section IV

Results: There are five modules in this section. The first, an interim report from the National Assessment, describes seven nationally representative studies that OSEP will fund over the next 6 years. It also presents nine target issues to be addressed by the national evaluation and the conceptual design of SLI-IDEA. The module on graduation requirements and high school completion for students with disabilities presents information on the percentage of students with disabilities who completed high school in 1996-97 and explores the relationship between State high school graduation requirements and graduation rates. The third module, State Improvement and Monitoring, discusses OSEP's Part B monitoring process. The fourth module reports on progress in the implementation of IDEA's transition requirements at the State and local levels from 1991 through 1999. The final module in this section reports on the participation of students with disabilities and the use of accommodations in the 1996 National Assessment of Educational Progress (NAEP).

Interim Report From the National Assessment

- Section 674(b) of the IDEA Amendments of 1997 mandates a systematic evaluation of the impact of the law, first assessing progress in implementing the provisions of the Act and ultimately evaluating progress toward achieving the objectives of the Act.

- The prospective national evaluation will be the first comprehensive national evaluation of the implementation of the Federal special education program in almost two decades.

- The national evaluation must specifically include an assessment of the status of nine target issues, as well as a comprehensive design for describing how States, local school districts, and schools are interpreting key provisions related to each of the issues.

Graduation Requirements and High School Completion for Students with Disabilities

- In 1996-97, 24.5 percent of students ages 17 and older with disabilities graduated from high school with a diploma.
- Students with disabilities are less likely to drop out of school and are more likely to be competitively employed after high school if they receive adequate vocational education training in high schools.
- The percentages of students with disabilities graduating from high school were highest for youths with speech and language impairments, traumatic brain injury, and visual impairments. The percentages of students receiving diplomas were lowest for students with autism and multiple disabilities.
- States with high school exit examinations graduate somewhat fewer students with disabilities than States without such examinations.

State Improvement and Monitoring

- OSEP focuses its monitoring activities on each State's systems for ensuring that all public agencies comply with the requirements of Part B of IDEA.
- In working with the States to ensure compliance and improved results for students with disabilities, OSEP emphasizes partnerships and technical assistance, together with a strong accountability system.
- Between August 1997 and January 1998, OSEP staff participated in implementation planning meetings in 49 States, Puerto Rico, the Virgin Islands, and the Bureau of Indian Affairs.
- Using input from a stakeholder meeting held in February 1998, OSEP designed a Continuous Improvement Monitoring Process, which is built around continuity, partnership with stakeholders, State accountability, State self-assessment, and provision of technical assistance.

Progress in Implementing the Transition Requirements of IDEA: Promising Strategies and Future Directions

- Inclusion of transition planning in IDEA occurred in the context of at least a decade of attention to the need to develop transition policies, programs, and services for youths with disabilities that would allow them to make successful transitions from school to adult life.

- At the systems level, the goal of ensuring a successful transition from school to adult life for students with disabilities requires major changes in schools, adult services, and communities.

- Seven themes have emerged that appear to enhance implementation efforts across State and local levels: creating an environment that is conducive to implementation of transition policies and practices, using policy to promote systems change, sharing leadership, engaging in collaboration around governance and practice, building capacity for long-lasting change, linking transition to other restructuring efforts, and using research and evaluation results to enhance policy and practice.

NAEP

- NAEP performance scores provide parents, educators, administrators, advocates, and policy makers with important data on the academic achievement of students with disabilities.

- Use of accommodations was first allowed in the 1996 administration of NAEP.

- Data from the 1996 NAEP, which sampled only 3,835 students with disabilities, suggest that these students did not perform well in science and mathematics as compared to their nondisabled peers.

- NAEP results also suggest that students with disabilities from some racial/ethnic minority groups scored substantially lower than white students with disabilities across grades and subjects. Sample sizes preclude determining differences between racial/ethnic groups.

I. Context and Environment

Parent Involvement in Educating Children with Disabilities: Theory and Practice

Providing Access to the General Education Curriculum for Students with Disabilities

Developing a Highly Trained Teacher Workforce

PARENT INVOLVEMENT IN EDUCATING CHILDREN WITH DISABILITIES: THEORY AND PRACTICE

Increasing the involvement of parents[1] in the education of their children is a national goal for policy makers in both general and special education. One of the National Education Goals states that, "By the year 2000, every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children" (National Education Goals Panel, 1994). In the Individuals with Disabilities Education Act Amendments of 1997 (IDEA), Congress emphasized the rights of parents to participate in decisions about their children's education based on the belief that "strengthening the role of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home" can improve the education of children with disabilities (Section 601(c)(5)(B)).

IDEA delineates several levels of parental rights regarding involvement in special education programs for students ages 3 through 21: consent, notification, participation in educational decisions about their children, and participation in policy making. For example, before conducting an initial evaluation to decide if a child qualifies for special education services, local education agencies (LEAs) must obtain *parental consent* for the evaluation. LEAs must *notify* a child's parents of evaluation procedures that the district proposes to conduct. LEAs must give parents an opportunity to *participate* in the development of their child's individualized education program (IEP); parents must also be involved in decisions about the child's educational placement. When there is a disagreement about identification, evaluation, or placement of their child, parents (or the LEA) may request a due process hearing. As an example of parent involvement in *policy making,* IDEA requires that each State establish an advisory panel for providing policy guidance with respect to special education and related services for children with disabilities, and the panel must include parents of children with disabilities.

The Part C program for infants and toddlers has an especially strong emphasis on family-centered service delivery, recognizing the need to provide services for all members of the family, not just the child with a disability, to promote child development. IDEA requires that each infant or toddler with a disability and his or her family receive a multidisciplinary assessment of the child's unique strengths and needs and the services appropriate to meet those needs; a family-directed assessment of the resources, priorities, and concerns of the family; supports and services

[1] Although the contents of this module are relevant to both parents and legal guardians of children with disabilities, for the sake of brevity we will use the term "parents" throughout the module.

necessary to enhance the family's capacity to meet the infant or toddler's developmental needs; and a written individualized family service plan.

Despite legislative intent, parent involvement may not always reach desired levels, and at times, educators and parents may perceive the interests of the child differently, leading to conflict. What factors affect the decision of some parents to become involved in their children's education and others to avoid involvement? What types of parent involvement are most beneficial for students with disabilities? Hoover-Dempsey and Sandler (1995) developed a five-level model to describe the parent involvement process (see table I-1). The five levels are: the decision to become involved in the child's education, the decision to choose particular types of involvement, the mechanisms through which involvement affects child-centered outcomes, the factors mediating the benefits of involvement, and the outcomes of involvement as they relate to the child.

This module summarizes literature on parent involvement in educating children with disabilities. It uses Hoover-Dempsey and Sandler's model of the parent involvement process as an organizing structure, reviewing research within each of the five levels described. While the module focuses on parent involvement in educating children with disabilities, literature from general education has also been incorporated for comparison. Parent involvement for school-aged children with disabilities is the module's primary emphasis, although some information on involvement in early intervention is included. The module concludes with a list of recommendations drawn from the review of literature.

Influences on a Parent's Basic Involvement Decision

How involved are parents in their children's education? The first step in the parent involvement process is the general decision of parents to become involved in their child's schooling. This decision may be either explicit or implicit. That is, some parents may make a deliberate decision to become involved, while others may simply respond to external pressures for involvement without consciously considering their decision. Furthermore, parents may, at any point, decide to withdraw their participation.

Data from the 1996 National Household Education Survey indicate that 89 percent of families participated in some school-based activity related to the education of their preschoolers with disabilities such as volunteering at school or meeting with teachers. The decision to participate in school-based activities was even more common for parents of children ages 6 through 11 with disabilities; 96 percent reported such involvement. These rates were very similar to those for parents of

Table I-1
Model of the Parent Involvement Process

Level 5: Child/student outcomes
Skills and knowledge
Personal sense of efficacy for doing well in school

Level 4: Tempering/mediating variables
Parent's use of developmentally appropriate involvement strategies
Fit between parents' involvement actions and school expectations

Level 3: Mechanisms through which parent involvement influences child outcomes
Modeling
Reinforcement
Instruction

Level 2: Parent's choice of involvement forms, influenced by
Specific domains of parent's skills and knowledge
Mix of demands on total parent time and energy (family, employment)
Specific invitations and demands for involvement from child and school

Level 1: Parent's basic involvement decision, influenced by
Parent's construction of the parent role
Parent's sense of efficacy for helping her/his children succeed in school
General invitations and demand for involvement from child and school

Source: Hoover-Dempsey, K.V., & Sandler, H.M. (1995). Parental involvement in children's education: Why does it make a difference? *Teachers College Record, 95*, 310-331.

nondisabled children (Westat, 1998). But how do parents become involved in their children's education?

Hoover-Dempsey and Sandler (1995) theorize that the decision for parents to become involved in their children's education is influenced by a number of factors, including their view of the parent role with regard to involvement in education, their sense of efficacy in helping their children succeed in school, and general invitations and demands for involvement from either their child or the school. For example, some parents may see involvement in schooling as central to their role, while others may believe education is best left to school personnel. The former are more likely to take an active part in their children's education.

Special education offers many specific opportunities for parent involvement, including participation in initial and subsequent evaluations and annual IEP meetings. In fact, some studies document differences in the level and types of involvement between parents of students with and without disabilities, although this is inconsistent across studies. One study found that mothers of children with disabilities, regardless of the severity of the disability, were "offered more

opportunities to be involved [in schooling], were more satisfied with their involvement, and felt more able to influence their child's education" than mothers of children without disabilities (Salisbury & Evans, 1988, p. 268).

Research suggests that school personnel's behavior may also influence parent participation. This may be viewed as one form of what Hoover-Dempsey and Sandler refer to as demands for involvement. Many local programs have demonstrated success in increasing the percentage of parents involved in the education of their children with disabilities. For example, factors found to enhance parent involvement included establishing ongoing relationships among parents and school personnel, providing professional development to familiarize service providers with the techniques for and importance of involving families, teaching families about their rights under IDEA, and using specific strategies to encourage active parent involvement (Cheney, Manning, & Upham, 1997; Salembier & Furney, 1997; Turnbull & Turnbull, 1990). For example, after participating in a year-long program of family support groups and educational support teams, parents of middle school students with emotional disturbance scored significantly higher on all three subscales of the Family Empowerment Scale: attitudes, knowledge, and behaviors (Cheney et al., 1997).

The behavior of school personnel may also inhibit parent involvement. Salembier and Furney (1997) reported the following factors as inhibiting parent participation: school personnel who did not appear to listen to parents, failed to attend meetings, left meetings early, lacked relevant information, failed to request parent input, did not express a clear purpose for the meeting, or used overly technical language. School personnel's behavior may be a particularly important influence on the involvement of racial/ethnic minority parents. Kalyanpur and Rao (1991) found that some educators exhibited disrespect for minority parents' views, focused on racial/ethnic minority children's deficits, and disregarded cultural differences that characterized parenting styles. Harry, Allen, and McLaughlin (1995) reported diminishing levels of involvement over time for African American parents with children in early intervention programs. While these parents were initially satisfied with preschool programs, they became increasingly concerned about stigma, classroom environment, and curricular issues.

Influences on a Parent's Choice of Involvement Forms

There are many different ways parents may participate in their children's education once they make the decision to become involved. In the broadest terms, parent involvement activities may be divided between home-based activities, such as helping children with their homework, reading to young children, discussing school events,

Table I-2
Types of Parent Involvement in Early Intervention Program

Type of Involvement	Number	Percentage
Help make decisions about my child's program	505	89
Transport my child to treatment	471	83
Do some of the therapy for my child	433	76
Advocate for my rights and my child's rights	420	75
Help give information and support to other parents	403	71
Coordinate my child's services	397	71
Observe my child during therapy	366	65
Attend program planning meetings about my child	211	38
Serve as volunteer, aide, or assistant in my child's program	175	32
Help with fundraising for agencies	149	26
Serve on advisory or policy-making board for an agency	37	7

Source: Sontag, J.C., & Schacht, R. (1994). An ethnic comparison of parent participation and information needs in early intervention. *Exceptional Children, 60*, 422-433.

or talking with teachers by telephone, and school-based activities such as chaperoning a field trip, volunteering at school, or attending parent-teacher association (PTA) meetings.

Before discussing influences on parent's choices of involvement activities, it is helpful to consider research findings on the extent to which parents of children with disabilities participate in various education-related functions. In one study, as shown in table I-2, three-fourths of parents or more were involved in decisions about their children's early intervention program, transported their children to treatment, did some therapy for their children, and advocated for their children's rights. More than half of all parents gave information and support to other parents, coordinated their children's services, and observed their children during therapy. Less common forms of parent involvement included attending program planning meetings, volunteering, fundraising, and serving on policy-making bodies (Sontag & Schacht, 1994).

In a similar study, Plunge and Kratochwill (1995) reported that parents of children with disabilities in preschool through fourth grade also exhibited high rates of participation. More than 85 percent of parents were actively involved in the IEP meeting; that is, they understood the purpose of the meeting, told school personnel about their child's strengths and needs, listened to school personnel recommendations, told school personnel what they wanted their children to learn, and signed the IEP. More than 70 percent of parents indicated that they often talked

with the teacher about their child's progress in class, received information about how to teach their child at home, and received information about their legal rights. Fewer parents volunteered in class (42 percent), had a home visit (30 percent), attended parent meetings (22 percent), or helped evaluate the school's special education services (19 percent). And, in a study of African American parents' involvement in educating their children with disabilities, Harry and colleagues (1995) reported high levels of participation in home-based activities, including supervising homework and addressing behavioral issues identified by the teacher.

Some evidence suggests that parents of children with and without disabilities differ somewhat in the types of involvement activities they engage in. Families of children ages 3 through 5 with disabilities were more likely than families of children without disabilities to attend a general school meeting or attend a meeting with a teacher. They were less likely to attend class events, volunteer at school, or attend PTO or PTA meetings. Families of children ages 6 through 11 with disabilities were more likely to attend meetings with their children's teacher but less likely than families of children without disabilities to attend class events, volunteer at school, attend back-to-school nights, or attend PTO or PTA meetings (see table I-3). These differences may be explained by parent participation in meetings to determine initial or ongoing special education eligibility or in annual IEP meetings, which are special education activities parents are specifically encouraged to attend. Families of children with disabilities, however, were less likely than other families to participate in general school functions such as back-to-school nights and PTA meetings (Westat, 1998).

In general, these studies indicate that large percentages of parents of children with disabilities are at least somewhat involved in their children's education. In the past, some researchers have raised concerns, however, about the depths of parent involvement, classifying participation as primarily passive (Lynch & Stein, 1982; Turnbull, 1983). Fiedler (1986) identified seven levels of parent involvement, from least to most active. They include: attendance and approval of teacher priorities, sharing information, suggesting goals, negotiating goals, collaboratively analyzing and monitoring implementation, joint programming, and independent programming. In a study done in the 1980s, 71 percent of parents reported that they were involved in the development of their children's IEP. However, only 48 percent of parents reported making any suggestion at the IEP meeting (Lynch & Stein, 1982). In a similar study, 25 percent of parents of children with learning disabilities did not recall the IEP document, and few of those who remembered it could recall its contents (McKinney & Hocutt, 1982). Although these studies are quite old, and parent involvement may be qualitatively different from what it was 15 years ago, these findings do raise the question about the depth of parent involvement. Recent research has not addressed this issue.

Table I-3
Percentage of Children Whose Adult Family Members Participated in Different School Activities

Activity	Children Ages 3-5		Children Ages 6-11	
	With Disabilities	Without Disabilities	With Disabilities	Without Disabilities
Attended a General School Meeting	77.1	73.5	79.5	83.6
Attended a Meeting with the Teacher	81.4	64.8	90.3	85.8
Attended a Class Event	44.4	59.8	64.3	74.3
Volunteered at School	39.9	48.7	38.6	50.4
Attended Back-to-School Night	66.4	65.9	68.3	76.3
Attended PTA/PTO Meeting	49.1	58.0	46.4	58.2

Source: Westat. (1998). *Report on findings of significant issues and trends.* Rockville, MD: Author.

Hoover-Dempsey and Sandler (1995) delineate several factors that affect parents' decision of how to participate. These include the specific domains of parents' skills and knowledge, other demands placed on parent time and energy, and specific invitations and demands for involvement from their child or school. For example, for parents who work full-time during the day, volunteering at school may not be an option. Instead, they may choose to be involved through activities that do not conflict with their work schedules. In fact, of several types of involvement, parents were, in general, most likely to participate in back-to-school night or general school meetings (Westat, 1998).

It is widely believed that children's age and competence affect the level of parent involvement perhaps because, based on Hoover-Dempsey and Sandler's theory, parents' sense of efficacy in helping their children succeed in school diminishes as invitations and demands for involvement decline (Lareau, 1989; Mink & Nihira, 1986; Salisbury & Evans, 1988; Stevenson & Baker, 1987; Yanok & Derubertis, 1989). In fact, one study found that mothers of children without disabilities participated in fewer school-related activities as their children aged, but mothers of children with disabilities maintained a high level of participation as their children grew older. However, the nature of the mother's involvement did shift as children aged: Mothers primarily participated in the IEP process when their children were younger but adopted an advocacy role as children grew older (Salisbury & Evans, 1988).

In a study of parent involvement in early intervention programs, Gavidia-Payne and Stoneman (1997) reported that maternal and paternal perceptions of family

functioning (problem solving, communication, roles, affective involvement, and general functioning), marital adjustment (consensus, satisfaction, cohesion, and affection), financial security, level of education, and use of coping strategies (e.g., social supports, religion) were positively associated with participation in early intervention programs. Mothers who reported experiencing lower levels of stress also exhibited higher levels of participation.

In a study of parents of children ages 7 and 8 with developmental delays, informational resources (experience with child-related professions, level of education, familiarity with school activities, and amount of activity focused on how to help their child), beliefs about schooling (definitions of educational activities and beliefs about the responsibilities of schools), and a composite measure of resources (time, social supports, and informational resources) were related to both home-based and school-based parent involvement. The perceived characteristics of the school (convenience of meeting times, value of participation activities, and perception that parent's input was sought and valued) were also related to home-based and school-based involvement. Parent attitudes about school (confidence/comfort participating at school, confidence in helping their children do well in school, importance of school achievement) were correlated only with school-based participation, and child status (IQ and impact on the family due to behavioral, medical, or communication problems) was related only to home-based levels of participation (Coots, 1998).

Mechanisms Through Which Parent Involvement Influences Child Outcomes

Hoover-Dempsey and Sandler (1995) identified three mechanisms at work as parents participate in their children's education. They point out that parent involvement is best characterized as an enabling and enhancing variable in school performance rather than a necessary or sufficient condition for success. First, parents may model appropriate behavior or values. Parent behavior may communicate to children that schooling is important (e.g., parents ask questions about the school day, review homework, attend school meetings). Modeling theory predicts that children will imitate adult behaviors held in high regard; that regard is demonstrated through attention to school issues. Second, parents may reinforce instruction introduced at school. By rewarding behaviors needed for school success, parents enhance the likelihood that their children will replicate those behaviors. Third, parents may provide direct instruction to enhance their children's knowledge and skills. For example, when parents provide positive, at-home academic experiences for their children, neither disengaging from challenging work nor completing the work for them, children may learn to approach difficult tasks more willingly (Switzer, 1990).

For families raising children with disabilities, the additional support provided at home may be particularly important. Research suggests that parent reinforcement of desired behaviors originally taught in school helps children with disabilities generalize and maintain those behaviors in other environments (Cordisco & Laus, 1993).

In a study of the effectiveness of parent involvement in the homework performance of students with disabilities and students at-risk of school failure, Callahan, Rademacher, and Hildreth (1998) trained parents to implement a home-based program of self-management and reinforcement. Parents and students were taught components of a self-management program, including (1) self-monitoring (students monitored and recorded homework start and end times, total time spent, and whether assignments were completed at the designated time and location), (2) self-recording (students recorded the number of correct math problems), (3) self-reinforcement (students determined and recorded the number of points earned for accuracy in their self-monitoring by matching their results with the results of their parents), and (4) self-instruction and goal setting (students evaluated their homework performance and decided whether to complete a supplemental form of the same assignment). Parents and students jointly selected a variety of rewards for points earned in self-monitoring. During the intervention, both homework completion and homework quality increased significantly. Furthermore, the amount and quality of parent involvement was paramount to program effectiveness.

Extensive research supports the efficacy of parents as providers of direct instruction. Mullin, Oulton, and James (1995) found that mothers who had been trained in social learning theory reported substantial reduction in their children's problem behavior. Parents were taught to identify and clearly define their children's problem behaviors based on antecedents and consequences. Following the training, parents reported decreases in the number and intensity of such behaviors. Robbins and Dunlap (1992) documented several successful programs in which parents learned to teach functional skills to their young children with autism. Involvement in family-focused intervention programs has also been shown to increase family members' self-efficacy and perceived self-control (Trivette, Dunst, Boyd, & Hamby, 1995).

In a study of young children with severe behavior problems, McNeil, Eyberg, Eisenstadt, Newcomb, and Funderburk (1991) found that improvements in some types of behavior generalized to school settings following home-based parent-child interaction therapy, contradicting two earlier studies. Parents were taught specific communication and behavior management skills to encourage appropriate behavior and discourage inappropriate behavior. The successful intervention in a home-based setting generalized to school settings for certain conduct and oppositional behaviors such as teasing, hitting, and breaking school rules. Generalization to school settings was not achieved in behaviors tied to hyperactivity/inattention or peer relationships; examples of such behaviors were not provided.

The transition from secondary school to adult life can be extremely challenging for students with disabilities and their families. When the case management, educational, and related services provided through IDEA are no longer available, families frequently face an expanded role in supporting young adults with disabilities. One way to support families in this transition is to teach them effective strategies for instructing and communicating with their children or their nondisabled siblings (Brotherson, Berdine, & Sartini, 1993). In a qualitative study of family involvement in the transition of students with disabilities from secondary school to postsecondary roles, family members were extremely important as informal role models for career and lifestyle choices. However, few students described a formal process of transition planning that involved parents or school personnel (Morningstar, Turnbull, & Turnbull, 1996).

Tempering and Mediating Variables

Not all parent involvement activities lead to improved student outcomes. Rather, different types of involvement, if well implemented, yield different, important results for students, teachers, and parents (Epstein & Hollifield, 1996). A number of factors may temper or mediate the potential benefits of parent involvement. For example, to be effective in enhancing educational outcomes, parent involvement must be developmentally appropriate. Furthermore, a good fit between parents' type and level of involvement and the expectations of school staff may contribute to positive school outcomes. If, however, families and school personnel are working at cross purposes, parents' involvement in their children's education may be less effective.

Because learning disabilities are often difficult to detect, prior to their identification, families may exhibit intolerance with children's behavior. Even after learning disabilities are identified, deficits in children's academic and behavioral skills and unsatisfactory school experiences may contribute to increased levels of parental stress (Dyson, 1996). An inadequate understanding of their children's learning disability may lead parents to believe their children's failure is due to lack of ability, stubbornness, willfulness, or lack of effort (Chapman & Moersma, as cited in Walther-Thomas et al., 1991; Meier, as cited in Walther-Thomas et al., 1991; Siegel, as cited in Walther-Thomas et al., 1991). Consequently, parents may develop inappropriate expectations or overprotective or indulgent behaviors that could have a negative impact on the child's success.

If schools and families have inconsistent expectations for parent involvement, children may be placed in the position of negotiating different sets of demands at different times of the day. The poorer the fit between school and parent expectations for involvement, the more time, energy, and skill required of the children, limiting the positive benefits of parent involvement (Hoover-Dempsey & Sandler, 1995).

Child and Student Outcomes

A strong consensus has emerged that parent involvement in children's education typically benefits learning and school performance even after students' abilities and socioeconomic status are taken into account. This finding is supported by numerous studies (Chavkin, 1993; Eccles & Harold, 1993; Epstein, 1989, 1991, 1996; Henderson, 1987; Hess & Halloway, 1984; Hobbs et al., 1984; U.S. Department of Education, 1994). A recent study specifically documented the positive relationship between the father's involvement and school success. Children were more likely to get "As," to participate in extracurricular activities, to enjoy school, and to be less likely to repeat a grade if their fathers were involved in their schooling. This was true even after controlling for the mother's involvement, parents' education, household income, and race/ethnicity (National Center for Education Statistics, 1998).

Hoover-Dempsey and Sandler (1995) describe two primary benefits that may result from parents' involvement in their children's education. First, children may acquire skills and knowledge beyond those attainable through school experiences alone. Second, children may develop an enhanced sense of efficacy for doing well in school. A third benefit of parental involvement may also exist. Parents who understand their children's rights and participate in securing those rights may have greater success than unprepared, uninformed, or uninvolved parents in securing an appropriate education for their children (Herr, 1983). This may be particularly important for students with disabilities.

In a study of children with learning disabilities, at-risk children, and typically performing children, Ames (1992) found that, for children with learning disabilities, parental support or involvement had significant, positive effects on the children's concept of their own academic ability. For all three groups of students, parents' attention to teachers' communications had a strong positive effect on parents' perceptions of their children's motivation. Another study also supports the relationship between parent involvement and enhanced efficacy for their children. Children whose parents participated in their education tended to view learning and school with more positive attitudes and developed regular patterns for studying and completing homework (Mundschenk & Foley, 1994).

Summary and Recommendations Drawn From the Literature

This module synthesizes literature on parent involvement in educating their children with disabilities using Hoover-Dempsey and Sandler's (1995) model of the parent involvement process. The model includes five levels--the basic involvement decision, the form of involvement, mechanisms for influencing children's outcomes, tempering or mediating variables, and child-centered outcomes. Research indicates

that the overwhelming majority of parents of children with disabilities are involved in their children's education through meetings with teachers, volunteering at school, helping with homework, or other school- and home-based activities. Educators may enhance levels of parent involvement by establishing on-going relationships with parents, teaching parents about their rights under IDEA, and using specific strategies to promote involvement. Family-related factors, such as children's age, parents' competence, and parents' access to resources may also influence levels and types of parent involvement. By providing direct instruction, reinforcing behaviors taught at school, and improving homework performance, parents may improve children's skills and knowledge and may enhance children's sense of self-efficacy for doing well in school.

To support parent involvement, the U.S. Department of Education, Office of Special Education Programs funds 76 Parent Training and Information Centers and 10 Community Parent Resource Centers to provide training and information to parents of infants, toddlers, children, and youth with disabilities and to the individuals working with these parents. The programs provide assistance and support to thousands of parents and families every year. Their goal is to empower parents to become effective advocates for their children with disabilities. In 1998, Congress appropriated over $18.5 million for these efforts.

In addition to the Parent Training and Information Centers and Community Parent Resource Centers, OSEP funds a number of model demonstration projects and research institutes in the parent involvement field. One example is the Beyond the Barriers project at the University of New Hampshire Institute on Disability. This project explores new models of community-initiated and family-centered approaches to meeting the needs of young children with disabilities. Another example of OSEP's investment in this area is Partners Plus, a model demonstration project in Williamsburg, Virginia. This project involves families in the design, implementation and evaluation of respite care services and will serve children with disabilities from ages birth through 8.

The research summarized in this module documents the benefits of parent involvement. However, not all parents participate in their children's education. Some participate only at a superficial level, and barriers that impede successful parent-school partnerships continue to exist. Many researchers and educators (Finders & Lewis, 1994; Harry, 1992; Sontag & Schacht, 1994; Turnbull & Turnbull, 1996; U.S. Department of Education, 1994; Ypsilanti Public Schools, 1998) have offered recommendations and developed programs to help schools and teachers address these barriers.

- ***Improve communication among parents, teachers, and administrators.***

Researchers, advocates, parents, and educators make a number of accommodations to enhance the extent and quality of interaction between school personnel and parents of students with disabilities. In order to maximize their level of involvement, parents may require more information on the types of services that are available for their children, their rights as parents, and school personnel's expectations for parent involvement. Family resource centers and parent training institutes may provide parents with information about special education, community resources, parenting classes, and the like. Family resource centers housed in school buildings may also provide parents with a positive, nonthreatening school experience (U.S. Department of Education, 1994). The Technical Assistance Alliance for Parent Centers' webpage is another valuable resource for parents. The Alliance's page provides information on legislative issues, a newsletter for parents, a list of Parent Training and Information Centers and Community Resource Centers in the United States with links to their websites, a database of useful information for parents, and other useful links and resources. By providing such information to parents, school personnel may alter parents' perceptions of their role with regard to their children's education.

As described in Hoover-Dempsey and Sandler's model (1997), extending invitations to parents may also be critical for securing participation. Parents reportedly want more information about opportunities for participation (Finders & Lewis, 1994; Sontag & Schacht, 1994). For example, in Ypsilanti, Michigan, the school district instituted National African American Parent Involvement Day. Each year, parents are invited to attend school with their children on the second Monday in February (Ypsilanti Public Schools, 1998).

A critical aspect of school-family communication is cultural sensitivity. Minority families report dissatisfaction with educators' ability to appreciate and understand cultural differences (Harry, 1992; Sontag & Schacht, 1994). Through appropriate, ongoing, and intensive professional development, teachers may learn about local cultures, recognize their own cultural stereotypes, and understand how cultural traditions and beliefs affect interactions between parents and school personnel (Sileo & Prater, 1998; Turnbull & Turnbull, 1996). Through the Alliance, discussed above, school personnel may access materials for parents in languages other than English. Employing teachers from the same racial/ethnic background as the school's parents and children may also enhance communication.

- *Tap parents' expertise.*

Parent participation and outcomes for children with disabilities may be enhanced if teachers accept and acknowledge parents' familiarity with their children's strengths and needs. The view of school personnel as the sole source of knowledge of children's characteristics and instructional needs diminishes the role that parents can play and inhibits school-family communication, which is necessary for providing appropriate services. School personnel who encourage dialogues with parents provide a forum for expressing opinions and concerns (Harry, 1992; Sontag & Schacht, 1994).

Vermont has adopted a collaborative model designed to enhance collaboration between parents and school personnel in the development of IEPs. IEP meetings are driven by three questions. "What do we know about this child?" "What are we going to do to help this child receive an appropriate education?" "How will we know if we are succeeding?" This approach is intended to involve families more completely in the IEP process by using open-ended questions and avoiding jargon (Hock & Boltax, 1995)

Parents possess knowledge and skills that are valuable to the education of their children and their children's classmates, as well as to service providers. In addition to knowledge related to their own children's strengths and needs, parents often possess valuable expertise in specific occupational skills, cultural norms and beliefs, languages other than English, and hobbies. Such expertise can be incorporated into the curriculum or tapped to enhance access to the curriculum (Finders & Lewis, 1994).

- *Involve families in community-based intervention/instruction.*

By inviting parents to participate in their children's education through home-based intervention or instruction that is consistent with classroom instruction, educators may empower parents and improve acquisition and generalization of student skills.

Several States have adopted programs like Family Math and Family Science to encourage parents to participate in their children's homework. Programs that allow parents and their children to work collaboratively on a project may extend the children's learning experiences and help parents to model skills and instruct their children (U.S. Department of Education, 1994).

In part, these recommendations reflect a changing conception of the roles and relationships between parents of children with disabilities and school personnel. Traditional concepts of school-based parent involvement are being replaced by family-school partnerships, which suggest individuals of equal standing working together to achieve common goals.

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PROVIDING ACCESS TO THE GENERAL EDUCATION CURRICULUM FOR STUDENTS WITH DISABILITIES

The passage of P.L. 94-142 in 1975 focused the attention of educators on policy and practice related to the access of students with disabilities to an education--an individually designed, free appropriate public education provided in the least restrictive environment. This focus on access has provided a generation of children with disabilities with the initial preparation needed for successful adult life in the community and workforce.

However, for a growing number of students with disabilities, special education today is not preparing them for increasingly rigorous graduation requirements and career skills that are based on problem solving, collaboration, and technology. Why is this? Special education has typically been viewed as an intervention of remediation. As students with disabilities demonstrate difficulty in academic skills, they are provided intensive instruction on the basic foundation skills which are considered to be prerequisites to higher level, abstract reasoning and problem-solving skills. While they receive remediation intervention, their peers without disabilities refine their foundation skills through application in more complex activities (Gersten, 1998).

The gap between students with and without disabilities continues to widen. Students in special education have lower school completion rates than their nondisabled peers; as adults, they are the largest unemployed group of Americans; they experience higher arrest rates; they are less likely to live independently in the community (Blackorby & Wagner, 1996). As we approach the 21st century, the challenge for educators is to provide students with disabilities meaningful access to instruction that is aligned with high-level standards and supported by special education interventions. This module presents Federal legislation related to providing access to the general education curriculum and discusses difficulties involved in doing so. The module also presents strategies for enhancing access to the general education curriculum for students with disabilities.

What Does It Mean To Access the General Education Curriculum?

Perhaps the first question to ask is: What is the general education curriculum? On first glance, the answer is clear: It is the curriculum designed to prepare students for adult life and, more specifically, for the high school diploma. Frequently, the general education curriculum contains both academic (e.g., literacy, science, math, social studies) and nonacademic (e.g., career/vocational, arts, healthful living, practical living skills, citizenship) domains; however, student performance is assessed

primarily in academics. As pressures mount for teachers to cover the content of the assessed curriculum, less attention and instructional time are devoted to the nonassessed areas. Thus, it is not uncommon for portions of the general education curriculum to receive limited attention--or to not be addressed at all (Warren, 1997). The result is a lack of consistency in how the general education curriculum is defined and taught.

Federal Legislation Relating To Providing Access to the General Education Curriculum

This lack of consistency is not limited to special education. In its 1983 report, *A Nation at Risk*, the National Commission on Excellence in Education called for the adoption of "more rigorous and measurable standards . . ." (p. 27) which will require ". . . more effective use of the existing school day" (p. 29). This bold recommendation has resulted in the current focus on standards-based education and more specifically on issues of equity: ensuring that all students have equal access to common standards, challenging assessments, and enhanced accountability for student performance (McDonnell, McLaughlin, & Morison, 1997). Such issues have been addressed in recent Federal legislation (e.g., the Elementary and Secondary Education Act, the Goals 2000: Educate America Act, the Improving America's Schools Act, and the School-to-Work Opportunities Act). Each of these laws contains provisions requiring the development of challenging common standards and the reporting of *all* students' performance on progress in meeting the standards. Together, these are intended to satisfy the national need to produce highly skilled graduates to maintain this country's place in a technological, sophisticated, global market place.

The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 contain several provisions directed at providing students with disabilities greater access to the general education curriculum. This concept of access is addressed in several areas of the legislation via policy, planning, student instruction, and evaluation.

State Performance Goals

Each State wishing to receive IDEA Part B funds must identify goals for the performance of students with disabilities. To the maximum extent possible, State goals are to be consistent with other goals and standards for all children established by the State, including those established under other Federal programs.

State Improvement Plans

Developed through broad-based stakeholder input, the State Improvement Plan is to identify critical aspects of early intervention, general education, and special education programs that must be improved to meet the performance goals the State has identified for Part B. One of the indicators that must be considered is the performance (including performance on State assessment) and participation (including dropout and graduation rates) of students with disabilities.

Program Funding

Coordination between special education and other Federal resources (e.g., schoolwide Title I projects) is encouraged. Additionally, Part B special education funds and related services may be used in general education classrooms to support children with disabilities while providing nondisabled students with incidental benefits from these supports. Funds can be used to increase the skills of general educators to facilitate enhanced participation of students with disabilities in general education classrooms.

Individualized Education Programs

The general education curriculum is to be considered throughout the development and implementation of the individualized education program (IEP). Initial assessments and development of the student's Present Level of Performance are to reflect the student's ability to access instruction aligned with the general education curriculum and standards. General educators are to participate in IEP meetings and provide strategies for aligning IEP goals with standards. Aids and supports are to be provided to facilitate instruction in the general education environment. Parents are to receive regular reports on their child's progress in meeting the IEP goals.

Assessing Student Performance

All students with disabilities are to be included in State and district assessment systems. To the greatest extent possible, students with disabilities are to participate in the large-scale assessments that are aligned with the general education curriculum and standards. Individual accommodations are to be identified and implemented during instruction and assessment activities. Alternate assessments are to be administered to those students who cannot participate in state- and district-wide assessment programs.

Reporting Student Performance

The performance of students with disabilities is to be publicly reported in the same frequency and detail as the performance of nondisabled students. Such reporting is to reflect performance on large-scale assessments as well as alternate assessments.

Tensions Involved in Providing Access to the General Education Curriculum

Virtually every State has developed standards in at least one academic content area; however, there is no "standard" for the State standards (McDonnell et al., 1997). They differ in what they are called (e.g., goals, benchmarks, expectations, frameworks) as well as in subject areas and levels of specificity. While there are variations in levels of expectation for student demonstration of proficiency, there is an increasing trend to assess the student's ability to apply or demonstrate the use of skills in higher order thinking or problem-solving activities. As noted earlier, academic standards are typically included in large-scale assessments, while nonacademic standards are rarely included.

Another tension involves the balance between academic and vocational education. The National Longitudinal Transition Study (NLTS) suggests that students with disabilities who had paid employment experience in high school were more likely to stay in high school and graduate with an employment outcome. How will the increased emphasis on academics balance with effective vocational and other nonacademic educational strategies?

Special educators are rarely involved in the development of the general education curricular standards. Instead, they are typically called upon to identify instructional strategies or curriculum modifications (Goertz & Friedman, 1996). However, these adaptations are typically focused on groups of students and rarely on the specific needs of individual students in the class (Vaughn & Schumm, as cited in Orkwis & McLane, 1998). This means that general and special educators are forced to decide when to modify a standard, when to provide instructional accommodations, how and when to plan collaboratively, and how to find instructional time to cover the content (McLaughlin, Henderson, & Rhim, 1997). The need to develop curricular frameworks that are relevant to all students and to identify effective strategies that support access to the curriculum is common throughout elementary and secondary schools. Our challenge is to strike a balance between emphasizing the potential and performance of each individual student and ability to provide individual resources to facilitate full participation of all students (Benz & Kochhar, 1996). The concept of universal design is one strategy that offers promising solutions to this dilemma.

Universal Design of Curricular Frameworks

To increase access to the general education curriculum, needs of all students must be considered when curricula and standards are developed. This is known as universal design, which is based on the premise that curricula and standards are flexible in order to include students with a wide variety of cultural, linguistic, and learning styles--including students with disabilities (Orkwis & McLane, 1998). Ideally, effective universal design does not result in lowered expectations or watered-down instruction. Rather, it calls for multiple ways of expressing competency in regard to a given standard.

Universal design also results in blending of different types of standards. It allows students who are working toward mastery of the basic or foundation skills to apply their existing knowledge across multiple environments or to engage in complex applications. This requires teachers to integrate standards from multiple grade levels in order to facilitate access to a variety of educational opportunities. Such experiences will enhance the participation of students who typically are exempted from large-scale assessments that require collaborative and/or higher level analysis.

Because most districts or States already have curricula in place, the effectiveness and accessibility of those frameworks should be evaluated. It is important to consider a number of questions when evaluating the effectiveness of existing curricula:

1. Is a wide range of parents and other community members involved in the review of the curriculum?

2. What is the approved curriculum? Does it include examples of adaptations that may be used with students with disabilities, including those with significant disabilities?

3. Are instructional methods and materials used that are responsive to the needs of a heterogeneous student population? What types of instructional priorities and goals have been established to support the progress of all students in meeting the standards?

4. Are standards broad or do they reflect only academic outcomes?

5. Are performance standards appropriate for students with disabilities? Can they be demonstrated in a variety of ways? (Jorgensen, 1997)

While these are important considerations for curriculum developers at district and State levels, most general and special educators are not involved in curriculum

development on a regular basis. However, they are regularly involved in committees charged with the selection of curricula for implementation throughout a district or school. Three considerations can guide the selection of curricula:

- ***Does the curriculum provide multiple means of presentation of content?*** A universally designed curriculum will offer a variety of presentation modes, including text at multiple reading levels, auditory versions, and digital formats (allowing transformation from one presentation mode to another).
- ***Does the curriculum provide multiple and flexible means of student engagement or participation?*** Aligning instruction with student learning styles will facilitate understanding of the content. Aspects to consider include finding the right balance between supporting and challenging a student, basing instruction on familiar versus novel concepts, and expanding concepts to reflect a variety of developmental and cultural interests.
- ***Does the curriculum provide multiple means of student response?*** Students should be offered flexibility in their choice of response modes. Such flexibility should be based on their preferred communication mode and on technological supports needed (Orkwis & McLane, 1998).

A curriculum that addresses each of these three areas is considered to use the principles of universal design and will be accessible to virtually all students.

Strategies That Support Access to the Curriculum

Effective access to the general education curriculum requires more than common standards and universal design. It is also dependent on pedagogically skilled educators, instructional materials that are accessible to students, and effective instructional strategies.

Pedagogically Skilled Educators

All too often, students with disabilities receive their instruction in a given academic content area from special educators who have not been trained in that content area. If students are to have increased access, then all of their teachers must possess content expertise and pedagogically sound instructional skills. Preservice and professional development for general and special educators need to address content knowledge, universal design principles, and pedagogical skills to become proficient in

a given content area. Support for this is being provided by the OSEP-funded project INTASC (Interstate New Teacher Assessment and Support Consortium), which is developing standards for general and special educators to promote cohesiveness in licensure and preparation, clarifying distinctions in teacher responsibilities, and developing common policies for licensing for general and special educators.

In addition, some OSEP-funded State Improvement Grants (SIGs) seek ways to provide general and special educators with the competencies needed to effectively address the educational needs of all students.

Instructional Materials

Typically, instructional materials are aligned with curricular standards and intended for use by students with corresponding reading and comprehension skills. If a student lacks the requisite literacy skills, the instructional materials will be inaccessible and so too the curriculum. Once again, universal design is a critical factor in accessibility. Similarly, instructional materials should be available in a variety of formats. For example, video presentations need to be supplemented by video description and captioning if they are to be accessible to students with hearing impairments or to English-language learners.

However, alternative presentation modes may not be sufficient for students with cognitive impairments. For these students, multiple presentation modes should be supplemented with alternative (i.e., less abstract) descriptions, special instructions, or organizational tips for approaching an activity or problem.

Instructional Strategies

While universally designed curricula and instructional materials and knowledgeable educators are critical to the successful access of a curriculum, students with disabilities also require access to instruction that is individually referenced, intense, frequent, and explicit.

Individually Referenced Instruction

Effective instruction is premised on instructional decision making that is individually referenced. The IDEA Amendments of 1997 are clear in the intent for IEP goals to be aligned with the general education curriculum. At the same time, the amendments continue the commitment to individually referenced planning and instruction. The thoughtful identification and implementation of individually focused instructional

accommodations facilitate instruction that is both aligned with the general education curriculum and relevant to the individual student's needs.

Intense and Frequent Instruction

Students with disabilities require intense and frequent instruction of basic and higher level concepts. Although it may include one-on-one instruction, intense instruction refers to a broader set of features, including careful matching of instruction with student skill levels; frequent opportunities for student responses; instructional cues, prompts, and fading to facilitate correct responses; and detailed task-focused feedback.

Explicit Instruction

An increasing body of evidence supports the need for students with disabilities to be directly taught the processes and concepts that nondisabled children tend to learn naturally through experiences. Gersten (1998) has identified five principles of explicit instruction:

1. Providing students with an adequate range of examples to exemplify a concept or problem-solving strategy.

2. Providing models of proficient performance, including step-by-step strategies (as needed) or broad, generic questions and guidelines that focus attention and prompt deep processing.

3. Providing experiences where students explain how and why they make decisions.

4. Providing frequent feedback on quality of performance and support so that students persist in activities.

5. Providing adequate practice and activities that are interesting and engaging.

While a variety of approaches to explicit instruction exist, they all have a similar focus: directly teaching thinking and problem-solving strategies to students who have difficulty acquiring such skills in a seemingly natural manner. One of the most common strategies is the use of scaffolding, which entails the teacher's presentation of a series of frameworks (e.g., questions or outlines) that facilitate a student's study of the instructional content (Harris & Pressley, 1991, as cited in Gersten, 1998; MacArthur, Schwartz, Graham, Molloy, & Harris, as cited in Gersten, 1998). As

students become familiar with the frameworks, they are encouraged to adapt the specific components to support their review of the material.

Another example of explicit instruction is anchored instruction (Bottge & Hasselbring, 1993; Hollingsworth & Woodward, 1993). In this practice, students are taught key vocabulary, measurements, procedures, or concepts prior to the introduction of a problem-solving activity. As a result, their ability to participate in the analysis is enhanced through the initial instruction, which serves as an anchor for the more complex activities. Additional strategies that strengthen this approach include decreases in writing demands (e.g., completing sentences rather than writing short essays) and memory demands (e.g., following written procedures rather than relying on memory) (Mastropieri, Scruggs, & Chung, 1997).

Students appear to benefit from instruction in its component parts (e.g., phonological awareness, word recognition, written expression) when instruction is hierarchical with an initial focus on basic skills as a prerequisite for higher order, problem-solving applications. However, care must be taken to ensure that students are not placed in a long-term status of "not yet ready" for higher order activities. Instead, their educational experiences need to include a blend of experiences so they are able to demonstrate knowledge in multiple ways (Orkwis & McLane, 1998).

Summary

Federal education policy is clear in its intent for all students to be active participants in the general education curriculum. The IDEA Amendments of 1997 call for a broader focus in educational planning. The reference point for IEP development is now the student's participation in the general education curriculum and the supports needed to accomplish this goal.

Although this is unchartered territory, students can benefit from an emerging body of research that emphasizes the importance of universal design of curricula and instructional materials and of strategies that support access to the general education curriculum. Special educators must possess content knowledge necessary for delivering instruction; students need access to instruction that is individually referenced, intense, frequent, and explicit.

Enhancing access to the general education curriculum requires a new approach to collaboration between general and special education. Joint participation and leadership in curriculum and standards development, professional development, resource allocation, and instruction are critical factors in helping students with

disabilities access the general education curriculum and acquire skills that will better prepare them for life after school.

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DEVELOPING A HIGHLY TRAINED TEACHER WORKFORCE

Introduction

> America's future depends now, as never before, on our ability to teach. If every citizen is to be prepared for a democratic society whose major product is knowledge, every teacher must know how to teach students in ways that help them reach high levels of intellectual and social competence. Every school must be organized to support powerful teaching and learning. Every school district must be able to find and keep good teachers. And every community must be focused on preparing students to become competent citizens and workers in a pluralistic, technological society (National Commission on Teaching & America's Future, 1996, p. 3).

This urgent call for effective teachers reflects lessons learned from more than a decade of education reform efforts that have left the preparation of teachers virtually unchanged. Although the professionalization of teaching was added to the reform agenda in the late 1980s (Carnegie Forum on Education and the Economy, 1986), initial attempts to improve the quality of teaching focused on structural and organizational components, using approaches such as increased salaries, career ladders, and merit pay (Hawley, 1988). Those failed attempts at improving teaching and learning led to the inevitable conclusion that improvements in the quality of America's schools would require changes to existing systems for recruiting, preparing, and supporting America's teachers (e.g., Association of Teacher Educators, 1991; Goodlad, 1994; National Commission on Teaching & America's Future, 1996; Pugach, Barnes, & Beckum, 1991; U.S. Department of Education, 1997). That conclusion was bolstered by mounting research evidence that indicated the critical link between teaching practice and student achievement (e.g., Cohen, McLaughlin, & Talbert, 1993; Elmore, Peterson, & McCarthey, 1996; Ferguson & Ladd, 1996). As noted by Terry Dozier, former National Teacher of the Year and Special Advisor to the Secretary of Education: "The highest standards in the world, the best facilities, and the strongest accountability measures will do little good if we do not have talented, dedicated, and well-prepared teachers in every classroom. . . . Our Nation's goals in education will not be achieved without the development of an excellent teacher workforce" (Dozier, 1997, p. 1).

The importance of workforce quality was given heightened priority by the release of data indicating that, overall, about a quarter of newly hired teachers lack the qualifications required for their jobs, with 75 percent of urban districts hiring teachers who lack proper credentials (National Commission on Teaching &

America's Future, 1996). Some evidence suggests that inadequate teacher preparation is even more common among special educators than in the general teacher workforce. Boe, Cook, Bobbitt, and Terhanian (1998) report, for example, that in 1990-91, about 10 percent of special education teachers were not fully certified in their primary teaching assignment, compared to 6 percent of general education teachers who were not fully certified. More recent data reported by States to the U.S. Department of Education's Office of Special Education Programs (OSEP) shows that for the 1995-96 school year, about 8.7 percent of special education teachers were not fully certified (U.S. Department of Education, 1998c).

These research findings, as well as national efforts to raise awareness of the importance of a highly trained workforce, most notably those of the National Commission on Teaching & America's Future[1], have mobilized a variety of programs and strategies at the Federal, State, and local levels for investing in the teaching profession. For example, the Department of Education's Office of Educational Research and Improvement (OERI) funds two research and development initiatives focused on teaching and policy--the National Center for the Study of Teaching and Policy, housed at the University of Washington with the collaboration of other major universities, and the National Partnership for Excellence and Accountability in Teaching at the University of Maryland, a collaboration among several major universities and professional associations that work in partnership to engage in efforts aimed at improving the quality of teaching.

As the ability to address teacher quality will rely on a commitment to implement reforms at both State and local levels, the National Commission on Teaching & America's Future is working in partnership with governors, State education departments, legislators, and business leaders in 12 States to design and implement improvement strategies that respond to local needs. Further, the National Council for Accreditation of Teacher Education, which sets standards for teacher education; the Interstate New Teacher Assessment and Support Consortium (INTASC), which addresses beginning teacher licensure issues; and the National Board for Professional Teaching Standards (NBPTS), which provides advanced certification to qualified veteran teachers, have joined to develop a coherent set of standards to guide preservice education of teachers, entry into the field, and continued professional development (National Commission on Teaching & America's Future, 1997).

[1] The National Commission on Teaching & America's Future is a bipartisan blue-ribbon panel of 26 public officials, business and community leaders, and educators. The commission was formed in 1994 to develop an agenda for improving the quality of America's teachers. It was funded originally through foundation grants, and it continues to be supported by a variety of foundations. More recently, OERI has supported some of the efforts of the commission.

In addition to these efforts, the Department of Education has made a strong commitment to support States and local school districts in efforts to improve the quality of the teacher workforce. This section of the report outlines the activities of the Department, with a particular focus on OSEP activities that are designed to address needs of personnel who work with students with disabilities.

Department of Education Professional Development Activities

"A talented and dedicated teacher in every classroom in America" is a major objective of the Department of Education (U.S. Department of Education, 1997). As set forth in the Department's *Strategic Plan for 1998-2002*, six core strategies are planned for meeting this objective:

- improving the quality and retention of new teachers;
- financial support and interagency coordination to implement professional development strategies that will increase the skills of current teachers;
- support of States' efforts to align licensing and certification requirements with content and performance standards;
- teacher recognition and accountability through efforts such as the NBPTS;
- research, development, evaluation, and dissemination of research-based strategies for improving teacher quality; and
- a biennial national report card on teacher quality.

A variety of existing Federal programs both directly and indirectly support these strategies, including the newly established Comprehensive School Reform Demonstration program, the Goals 2000: Educate America Act, the Elementary and Secondary Education Act (ESEA), the Individuals with Disabilities Education Act (IDEA), the Adult Education Act, the Higher Education Act, the Perkins Vocational and Applied Technical Education Act, and the School to Work Opportunities Act. Some of these programs are intended to benefit special populations of students (e.g., students with disabilities, students who are limited-English proficient). The use of Federal funds specifically to support professional development activities that improve the quality of the workforce must be consistent with the overall purposes and requirements of each program. Goals 2000 funds, for example, can be used to support professional development activities that familiarize teachers with State standards and support teacher knowledge and skills that are aligned to student expectations within the context of statewide standards. About 60 percent of Goals

2000 funds are used to support teacher preservice and professional development activities (U.S. Department of Education, 1998a).

Two Federal programs, Title II of ESEA and Part D of IDEA, are designed specifically to support the professional development of educators. The Dwight D. Eisenhower Professional Development Program (Title II of ESEA), with a fiscal year (FY) 1998 appropriation of $335 million, is the largest source of Federal funding for such activities. This formula grant program provides funds to State education agencies (SEAs) and State agencies of higher education (SAHEs) to support high-quality, sustained, and intensive professional development activities in core academic subjects, particularly math and science. The funds tend to support teacher improvement efforts at the district and school levels based on a comprehensive review of their professional development needs. Funds also assist institutions of higher education (IHEs) and others to develop their capacity to offer high-quality professional development activities. Local education agencies (LEAs) apply to the State for subgrants, with about 95 percent of all LEAs participating in the program. Colleges and universities submit grant applications to the SAHE. Three suggested uses of the Eisenhower funds include: (1) professional development in the effective use of technology as a classroom tool, (2) the formation of professional development networks that allow educators to exchange information on advances in content and pedagogy, and (3) peer training and mentoring programs for teachers and administrators. The annual performance reports for the grants require grantees to report on how Eisenhower funds are used to help meet the needs of diverse groups of students, including students with disabilities. Activities supported under Part D of IDEA to address the professional development of educators who work with students with disabilities are described in the following section, which discusses more broadly OSEP's efforts to address the need for a highly trained workforce.

OSEP Professional Development Activities

It is a priority for OSEP to assemble a highly trained workforce to provide services to students with disabilities. A major objective for the use of discretionary funds available under the IDEA Amendments of 1997 is to "ensure an adequate supply of highly qualified personnel" (U.S. Department of Education, 1998b). The five performance indicators of this objective as delineated by OSEP include:

- ***Supply of qualified personnel.*** OSEP intends to obtain these data from State reports to track whether an increasing number of States are meeting their identified needs for qualified personnel.

- ***Research-validated effective practices.*** Beginning with FY 1999, OSEP plans to review funded award and institutional practices to ensure that an increasing percentage of training programs will incorporate research-validated practices into program curricula. Grant selection criteria that promote the use of research-validated effective program content and pedagogy and an identification of research-validated effective practices are two strategies that will support this indicator.

- ***Personnel employed with certification.*** State-reported data for 1996-97 reveal that across all funded positions for special education teachers and related services personnel, 8.6 percent were not fully certified. The range across categories was quite wide, with a low of 1.2 percent for SEA supervisors and administrators to a high of 15.7 percent for interpreters. Other categories with a higher than average proportion of noncertified personnel include teachers for 3- through 5-year-olds (10.7 percent), teacher aides (14.1 percent), and recreation and therapeutic recreation specialists (10.2 percent) (U.S. Department of Education, 1998a). In the future, OSEP also will use data from the National Center for Education Statistics (NCES) Schools and Staffing Survey to track its goal of an increasing percentage of special education teachers and related services personnel with appropriate certification.

- ***Special education training for regular education teachers.*** Although, as noted above, the Department of Education provides a variety of funding streams to support professional development of teachers based on State and local needs, these programs do not necessarily support activities that would increase the capacity of regular education teachers to address the needs of students with disabilities. New requirements resulting from the IDEA Amendments of 1997 will require general educators to become increasingly skilled at meeting the needs of students with disabilities. These requirements include, for example, that general educators be included in individualized education program (IEP) meetings, that students with disabilities be provided access to the general education curriculum, and that students with disabilities participate in State and local assessment programs. OSEP intends to use data from the NCES Schools and Staffing Survey to determine if an increasing percentage of general education teachers and community service providers are receiving preservice and inservice training in special education and developmentally appropriate practices. OSEP will also support preparation programs for regular education personnel to work with students with disabilities.

- ***Effective personnel.*** As one measure of personnel quality, OSEP plans to conduct surveys of teachers, parents, and students regarding personnel knowledge and skills as well as self-efficacy surveys of personnel. These survey data will be used to determine if an increasing percentage of special

and regular education teachers and early intervention personnel have the knowledge and skills to improve educational results for children with disabilities.

Although these performance indicators are new to OSEP, the idea of supporting personnel preparation activities for educators who work with students with disabilities is not. Under Part D of IDEA, OSEP currently administers more than $83 million in grants to help address State-identified needs for qualified personnel to work with students with disabilities. During FY 1997, these funds supported over 600 preservice and inservice training programs for special education, related services, early intervention, and leadership personnel. Grants were awarded across 14 priorities to IHEs, SEAs, and other nonprofit agencies. The personnel preparation priorities address a wide variety of areas, not just teacher preparation. The 14 priority areas include the preparation of personnel for careers in special education; preparation of related services personnel; preparation of personnel to serve infants, toddlers, and preschoolers; grants for preservice personnel training; preparation of educational interpreters; leadership personnel; special projects--multiple topics; special projects--national initiatives; preparation of personnel to serve children with low-incidence disabilities; preparation of personnel for careers in special education--emotional disturbance; early childhood model inservice training projects; preparation of minority personnel; SEA programs; and model standards for beginning teachers.

Addressing the priority area of preservice personnel training, for example, 48 new and 50 continuation grants were awarded to support the preservice preparation of personnel in three areas: special education teachers, related services personnel, and early intervention and preschool personnel. Under this priority, grantees can develop new programs or improve existing programs that will increase the capacity and quality of preservice programs in one, two, or all three of these areas. Prior to FY 1996, these preservice priorities were funded under separate competitions. Recently funded projects include, for example, a Northern Illinois University training program for master's level students who will become elementary teachers for students with emotional disturbance, an interdisciplinary graduate program at Allegheny University of the Health Sciences to prepare already licensed physical therapists and occupational therapists to demonstrate competencies that promote the full inclusion of students with disabilities in educational settings, and a project at California State University, Northridge, to promote the early completion of a new credential program for early childhood special education teachers who reflect the increasing cultural and linguistic diversity of the population to prepare them to support students with disabilities in the general education classroom.

Under a special projects priority that addresses multiple topics, 18 new and 45 continuation grants were awarded during FY 1997 to support initiatives designed to

develop and demonstrate new approaches for the preservice and inservice training of personnel for careers in special education and early intervention; to develop materials and approaches to prepare personnel; and to develop other projects of national significance for the preparation of personnel needed to serve infants, toddlers, children, and youth with disabilities. One of the projects funded under this priority is at the University of New Mexico at Albuquerque, where project staff are developing and evaluating a new personnel training model for regular educators, special educators, parents, and related services personnel in the process of individualizing educational programs for children with autism. The special project at the National Resource Center for Paraprofessionals in Education and Related Services at the City University of New York is developing, evaluating, and producing competency-based instructional materials to prepare paraeducators to work with children and youth with disabilities and other special needs that place them at risk for school failure. At the University of Illinois at Urbana-Champaign, a special projects grant is supporting the identification and organization or competencies needed by secondary-level teachers and rehabilitation personnel relevant to planning and delivering transition services for youth with disabilities. That project will also develop and evaluate a conceptual model of transition-related competencies and disseminate the model nationally.

During FY 1997, OSEP also funded two new special projects of national significance focused on improving the quality of the teacher workforce. At the University of Kansas in Lawrence, grant funds are being used to develop an academy linking teacher education to advances in research, particularly in the areas of improving reading instruction for students with learning disabilities, the use of technology to enhance educational results for students with disabilities, and the use of positive behavioral supports to teach children with disabilities who exhibit challenging behaviors. The goals of the project are to improve instruction by infusing research-based interventions into the teacher education curriculum and making these interventions available to practicing teachers. A second project funded under this priority is at the Council for Exceptional Children, where project staff are working with a national advisory board and other key stakeholders to address issues in the recruitment and preparation of personnel for teaching students who have low vision or are blind.

OSEP also awarded a 2-year personnel preparation grant to the Council of Chief State School Officers (CCSSO) to craft model State licensing standards for all beginning teachers (both general and special educators) to better reflect what teachers need to know and be able to do to teach students with disabilities. This project, coordinated by INTASC, will simultaneously develop and implement standards for general and special education teachers that promise to promote complementary preparation and licensure, clarify distinctions in responsibilities among general and special educators, and allow States to collectively agree upon a

common policy for licensing general and special education teachers. Currently, 31 SEAs and independent professional standards boards are working with CCSSO on this project.

As described in the following historical overview of the personnel preparation program, these types of activities have been funded for 40 years with relatively minor changes. A subsequent section of this module discusses major changes to the OSEP-supported professional development enterprise resulting from the IDEA Amendments of 1997, and some of OSEP's plans for the future in response to those changes.

Historical Overview of OSEP Personnel Preparation

Federal grant funds for the preparation of personnel to meet the needs of students with disabilities have been available since 1958 when P.L. 85-926, the Education of Mentally Retarded Children Act, authorized $2,500 grants to IHEs for training leadership personnel in the program area of mental retardation (Kleinhammer-Tramill, Gallagher, & Earley, 1998). By 1970, funding had increased to $29.7 million to support a highly categorical professional development program. "Funds for personnel preparation were earmarked by category, and universities submitted categorical grants to receive funding. . . ." (Kleinhammer-Tramill et al., 1998, p. 3). Just prior to enactment of P.L. 94-142 (the Education for All Handicapped Children Act) in 1976, however, personnel preparation funds were awarded as Program Assistance Grants (PAGs) or "block grants" to special education departments, which allowed IHEs to develop noncategorical training programs with a great deal of flexibility.

With the implementation of P.L. 94-142, a mandate to increase available services to previously unserved and underserved populations resulted in a need to focus on the preparation of teachers to meet the needs of specific student populations, such as students with low-incidence disabilities, students residing in rural areas, or students with emotional disturbance. Consequently, by 1980, funding streams were again awarded categorically. These programs provided less flexibility than the PAGs and encouraged the use of stipend support for students, resulting in few attempts to address program improvement, administration, or infrastructure, all of which would enhance the quality of professional development activities (Kleinhammer-Tramill et al., 1998).

This approach to Federal personnel preparation funding was relatively consistent until 1995, when priorities for the grant program resulted in a three-component application that combined funds for related services, early childhood, and training personnel for careers in special education into a single competition. Grants were

intended to support training of personnel for both low- and high-incidence disabilities. In making this change, OSEP intended to encourage interprofessional, multidisciplinary approaches to the education of students with disabilities. As detailed in the following section, the IDEA Amendments of 1997 made several major changes to OSEP's support of professional development activities.

Changes in Personnel Preparation Programs

With enactment of the IDEA Amendments of 1997 came both a renewed focus on and a shift in the approach to OSEP's support of professional development programs. In amending IDEA, Congress recognized that "an effective educational system now and in the future must promote comprehensive programs of professional development to ensure that the persons responsible for the education or transition of children with disabilities possess the skills and knowledge necessary to address the educational and related needs of those children." (§651(a)(6)(F))

The amendments combined the 14 discretionary projects previously supported under Part D of IDEA, including the personnel preparation grants to IHEs, into seven authorities under two subparts of Part D, National Activities to Improve Education of Children with Disabilities. Support for addressing professional development is now included under both Subpart 1, State Program Improvement Grants for Children with Disabilities, and Subpart 2, Coordinated Research, Personnel Preparation, Technical Assistance, Support and Dissemination of Part D. One of the major changes is that under Subpart 1, federally supported personnel training activities that historically have been the domain of IHEs now include SEAs. A competitive application process for the funds is based on a State Improvement Plan (SIP) for special education, which must be included in an application for a State Improvement Grant (SIG). Awards are based on State population, State need, and available resources (§655). The types of activities proposed by the State are also a funding consideration.

SIGs are intended to promote systemic reforms that will improve results for children with disabilities. They must be based on a four-pronged needs analysis that considers "those critical aspects of early intervention, general education, and special education programs (including professional development, based on an assessment of State and local needs) that must be improved to enable children with disabilities to meet the goals established by the State under section 612(a)(16)." (§653(b)(1)) The SIGs are to be implemented through a partnership that must include the SEA, LEAs, and other State agencies providing services to students with disabilities and include a variety of other stakeholders such as parents of children with disabilities, professional organizations, and IHEs.

A substantial proportion (50-75 percent) of the SIGs must be used to support preservice and inservice professional development activities based on identified needs of States as set forth in the SIP. The Comprehensive System of Personnel Development (CSPD) also required under IDEA must be implemented regardless of whether a SIG is awarded. As required previously, the CSPD is to be designed to ensure an adequate supply of qualified special education, regular education, related services, and early intervention personnel; the CSPD can meet the personnel development requirements of the SIG. In fact, "it may serve as the framework for the State's personnel development part of a SIG grant application" (U.S. Department of Education, 1998d).

Since the implementation of these grants with the IDEA Amendments of 1997, States have used SIG funds to:

- broker changes in IHE preservice and inservice offerings to ensure that special education instruction aligns with new State standards and educational reform efforts;
- broker changes in IHE preservice and inservice offerings to ensure that general and special education teachers learn to modify and accommodate instructional practices to meet the needs of all students;
- assist IHEs to expand their capacity to produce special education teachers and early intervention providers;
- implement career ladders whereby paraprofessionals pursue special education teacher certification;
- provide stipends, with payback clauses, on a preservice and inservice level to address personnel shortages in LEAs; and
- develop training systems based on distance learning principles to address personnel shortages.

As noted by Kleinhammer-Tramill et al. (1998), with these changes, there has been a significant shift in the distribution of funding and locus of control over professional development activities from IHEs to the States. Under the IDEA Amendments of 1997, Part D, Subpart 2, IHEs are still eligible to apply for personnel preparation grants similar to those that have been funded in prior years. Still, significant changes were made to this discretionary program. Personnel preparation grants to IHEs are currently authorized to meet the training needs of: (1) personnel to serve students with low-incidence disabilities, (2) leadership personnel, and (3) personnel to serve students with high-incidence disabilities. A fourth type of grant will address projects

of national significance, such as the use of technology to enhance educational results for students with disabilities or the establishment of personnel preparation standards. LEAs and other entities are also eligible to apply for these grants, in addition to IHEs, which now will be expected, based on OSEP priorities, to become active partners with other entities in the delivery of professional development services. In another major change, the IDEA Amendments of 1997 require that students receiving stipend support from a Part D personnel preparation grant must agree to a 2-year service commitment for every year for which assistance was received or repay all or part of the assistance.

Future Directions and Prior Results

The changes to the long-standing personnel preparation program as a result of the IDEA Amendments of 1997 represent a new understanding of the importance of how personnel are prepared to work with students with disabilities and acknowledge the important roles played by entities other than IHEs to ensure an adequate supply of quality teachers. In recognition of this shift, OSEP is in the process of expanding its planning and evaluation functions as they relate to personnel preparation. OSEP is establishing a comprehensive planning process for discretionary activities which will use a broad-based group of stakeholders to develop program agendas, including an agenda for professional development (Danielson, 1997). OSEP is also in the process of preparing descriptive historical documentation of its support of professional development activities which can help it shape that agenda. Finally, OSEP will fund a study on unmet needs for high-quality personnel to serve students with disabilities. It will address: (1) shortages in the number and quality of personnel serving students with disabilities, (2) variations in patterns of numerical shortages and quality in the work force, and (3) factors that influence identified variations.

These planned activities also represent a change in OSEP's approach to professional development activities. Despite the fact that Federal special education training grants have been available since 1958 as discussed above, little information has been collected on the success of the training programs in meeting the overall goals of increasing the quantity and quality of the special education workforce. In prior years, State-reported data on the supply and demand of special education personnel represented one of the only sources of information on personnel employed and needed to educate students with disabilities. In addition, IHEs that received a Part D training grant were also required to report the number of students "trained" under the grant. Neither data source provided an indication of the adequacy with which individuals were prepared or their quality in meeting the needs of students with disabilities.

Only one recent study has evaluated the success of an OSEP-funded personnel preparation endeavor. That study evaluated the use of professional development partnership (PDP) projects awarded to five sites as a strategy for reform of existing personnel preparation systems (O'Reilly, 1998). Major findings indicated that the partnerships were very successful in building personnel capacity and that specific types of partnerships (i.e., collaborations) showed great promise of systems change and sustainability of project impacts. Three elements necessary for successful partnerships were identified, including broad stakeholder involvement, a respected leader, and shared mission among partnership participants. The partnerships required under the IDEA Amendments of 1997 for implementation of the SIPs are very similar to the partnerships established by the five PDP projects.

Conclusions

The Department of Education has focused considerable effort and resources on improving the quality of our Nation's teacher workforce. These efforts are supported and have been encouraged by Congress and by researchers, policy makers, professional organizations, foundations, parents, students, and community members in recognition that better results for students depend on a better prepared teacher workforce. During public meetings leading up to reauthorization of IDEA, personnel development was a consistent high-priority concern of special education stakeholders. OSEP has been involved in promoting professional development of personnel who work with students with disabilities for the past four decades. In the future, OSEP will continue to support such activities with a slightly different focus that will result in greater involvement of States and local communities in professional development endeavors. This shift has resulted in part from the research-based knowledge that has developed from the Federal government's substantial investment into research on teachers and teaching (National Center for the Study of Teaching and Policy, 1998) that indicates the critical role of classroom practice in improving student achievement and in part from recognition that IHEs were not always meeting State's personnel needs.

The ability of the Department of Education and OSEP to meet their objectives of a highly trained teacher workforce for our schools will be seriously challenged by a number of conditions. First, an anticipated need to hire more than 2 million teachers over the next decade due to increasing retirements of an aging workforce and a concomitant enrollment surge will require a focus on policies that increase both the quality and *quantity* of classroom recruits (National Commission on Teaching & America's Future, 1997). Other challenges include an increasing diversity of the student population that is not reflected in the teacher workforce, a robust economy that attracts talented individuals into higher paying employment sectors, an increased emphasis on the use of technology in the provision of educational services, and high-stakes accountability systems which are placing heavier demands on teachers.

With most students with disabilities spending the majority of their school day in a regular classroom (U.S. Department of Education, 1997), issues of ensuring a quality workforce to meet the needs of students with disabilities are compounded. Despite recent efforts to increase the quality of the teacher workforce, general educators receive little or no preparation in addressing the needs of students with disabilities. OSEP-supported professional development activities are the only federally funded activities that specifically acknowledge this need and encourage grantees to address it.

As reflected in the Department of Education's strategies for developing a highly trained workforce, addressing these challenges will require changes in all stages of personnel preparation, including recruitment, preservice and inservice training, and induction of new teachers into schools. These challenges and the radical shifts in the support of professional development activities resulting from the IDEA Amendments of 1997 suggest that it will be more important than ever to evaluate the effectiveness and impact of Federal efforts to address professional development needs over the next few years.

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II. Student Characteristics

Children Ages Birth Through Five Served Under IDEA

CHILDREN AGES BIRTH THROUGH FIVE SERVED UNDER IDEA

The Early Intervention Program for Infants and Toddlers with Disabilities, authorized under Part C of the Individuals with Disabilities Education Act (IDEA), and the Preschool Grants Program, authorized under Section 619 of Part B of IDEA, are designed to establish a coordinated service delivery system for children with disabilities from birth through age 5. The Part C Early Intervention Program for Infants and Toddlers with Disabilities assists States in developing and implementing a statewide, comprehensive, coordinated, multidisciplinary, interagency system that makes available early intervention services for all children with disabilities from birth through age 2. The Preschool Grants Program provides assistance to States to help make special education and related services available to all children with disabilities ages 3 through 5.

These programs, which target the development and education of very young children with disabilities, are based on the premise that earlier intervention in the lives of children and their families provides greater opportunities for improving developmental outcomes. Clearly, improved developmental outcomes must be closely tied to assessment and the extent to which the intervention and special education services reach the targeted populations and are delivered in the most appropriate and effective ways for those age groups. The Office of Special Education Programs (OSEP) uses a variety of strategies and sources of information for assessing the progress that States have made in fully implementing an appropriate and comprehensive system of services for children ages birth through 5 and their families. One such source of information is the data that States submit annually to OSEP, which describe the number of children being served and the settings in which services are provided. In response to the Government Performance and Results Act of 1993 (GPRA), OSEP has developed performance objectives and indicators that assess progress in implementing a comprehensive system of early intervention services for infants, toddlers, and providing special education and related services to preschoolers with disabilities. One of the key objectives listed in the annual Strategic Plan dated October 7, 1998, is that "all eligible children are identified." Several indicators that are based on annual child count data submitted by States are described in the Part C performance objectives and indicators. Similarly, the Part B performance objectives and indicators address preschool issues. One primary objective is that "all children with disabilities will receive appropriate services that address their individual needs." The Part B indicators also include the proviso that children with disabilities, including preschoolers, are to be served in the least restrictive environment possible, preferably with their typically developing peers.

This module summarizes State-reported data and provides information about States' progress in implementing comprehensive early intervention services for infants and toddlers and providing special education and related services for children ages 3 through 5 with disabilities. Specifically, the module reports trends in the number of children served under both Part C and the Preschool Grants Program and trends in the settings in which these children receive services.

The Number of Children Served Under IDEA, Part C

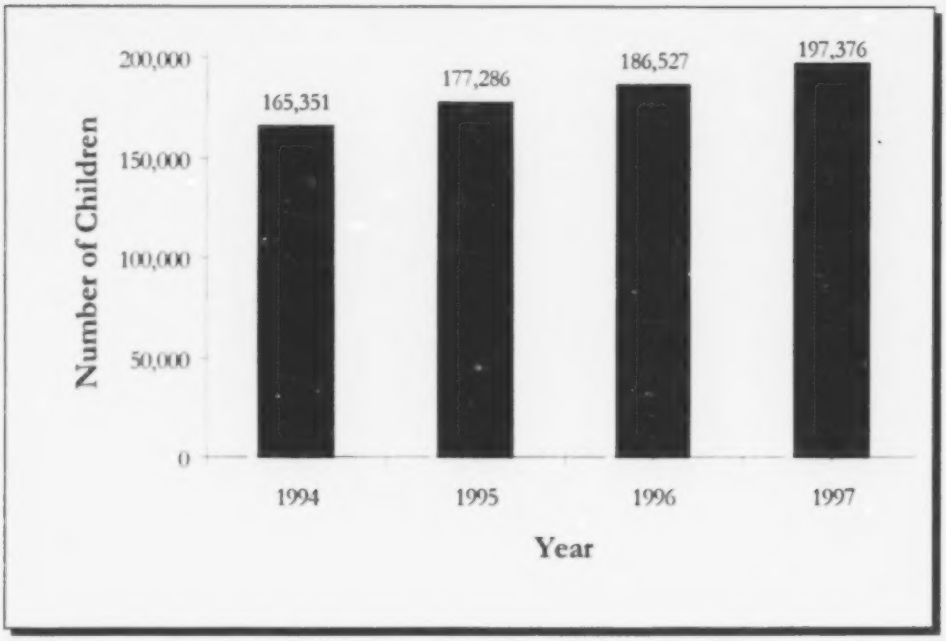
By the end of fiscal year 1993, all States and Outlying Areas ensured full implementation of Part C. The number of infants and toddlers served under Part C has increased 19 percent, from 165,351 on December 1, 1994, to 197,376 on December 1, 1997 (see figure II-3). During this period, the annual rate of increase has been quite steady: 7 percent from 1994 to 1995, 5 percent from 1995 to 1996, and 6 percent from 1996 to 1997.

Looking at trends over the past 3 years, the distributions of infants and toddlers served by discrete age year are quite comparable. For each of the past 3 years, about half of the infants and toddlers served were 2 through 3 years of age, and about a third were 1 through 2 years of age (see table AH-1). The birth through 1-year-old group, as compared to the 1 through 2 and 2 through 3 age groups, demonstrated the greatest increase in the number served from 1996 to 1997. The number of birth through 1-year-olds served increased 10 percent, from 31,496 in 1996 to 34,588 in 1997. The increases from 1996 to 1997 in the numbers of children served within the other discrete age years (1 through 2 and 2 through 3) were both 5 percent. The number of children ages 1 through 2 increased from 60,233 to 63,163; for children ages 2 through 3, the number rose from 94,798 to 99,625.

Looking at changes from 1996 to 1997 in the number of infants and toddlers served within the discrete ages of birth-1, 1 through 2, and 2 through 3, more than half of all States reported increases in all age groups. Fifty-four percent of the States reported increases in the birth through 1-year-old group, 73 percent reported increases in the 1- through 2-year-old group, and 63 percent reported increases in the 2- through 3-year-old group.

An indicator of the success of Part C outreach services to infants and toddlers is the proportion of the total birth through age 2 population that is served. Looking at the trends in this population over the past 3 years, the percentage of the population served has increased continually from 1.50 percent in 1995, to 1.61 percent in 1996, and 1.70 percent in 1997. Over this period, the percentage of States serving 1-2 percent of the States' birth through 2 population has risen from 60 percent in 1995

Figure II-3
Number of Infants and Toddlers Served Under IDEA, Part C, 1994 Through 1997[a/ b/]



a/ Since States and Outlying Areas may update previously reported data as necessary, the data reported here may differ from those included in prior annual reports.

b/ Counts as of December 1, 1997.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

to 66 percent in both 1996 and 1997. At the same time, the percentage of States serving less than 1 percent of the population ages birth through 2 has steadily declined from 19 percent in 1995 to 14 percent in 1996 and 13 percent in 1997. The percentage of the population served varies by discrete age years. The December 1997 child count data illustrate these differences. The percentage of the population served is lowest for infants under the age of 1 (0.9 percent). It is nearly double for children ages 1 to 2 (1.7 percent) and nearly triples for children ages 2 to 3 (2.6 percent). The percentage of the population served tends to continue to increase beyond age 3, but at a less dramatic rate. However, five States (Alabama, Arizona, Iowa, Virginia,[1] and American Samoa) have consistently reported serving less than 1 percent of the birth

[1] Virginia serves some of its children ages 2 through 3 under Part B.

through 2 population over the past 3 years. Mississippi served less than 1 percent of the birth through 2 population in both 1995 and 1996 but, in 1997, reported an increase of over 200 percent in the number of infants and toddlers served. The State attributed this increase to better coordination of data collection and reporting practices. Three States, Hawaii, Massachusetts, and Ohio, have consistently reported serving more than 3 percent of the population ages birth through 2 for each of the past 3 years.

From 1996 to 1997, about two-thirds (67 percent) of the States reported increases in the percent of the State's population ages birth through 2 served under IDEA Part C, as compared to just under one-third (31 percent) that reported decreases. Moreover, 23 of the 34 States reporting increases did so for 2 years in a row.

Given OSEP's emphasis on and the GPRA goal of encouraging States to implement effective practices for the identification of families and their children in the birth through 1-year-old age group who qualify for services, it is of interest to look at the numbers of children served in this age group relative to the population of birth through 1-year-old children. From 1994 to 1997, there was an overall increase of 19 percent in the percentage of the birth through 1-year-old population served. The percentage of the birth through 1-year-old population served was 0.75 in 1994, 0.77 in 1995, 0.81 in 1996, and 0.89 in 1997. Thus, a 10 percent increase in the percentage of the birth through 1-year-old population served occurred from 1996 to 1997, which is double the 5 percent increase that occurred from 1995 to 1996. From 1994 to 1997, 73 percent of the 55 States and Outlying Areas for which data were available in both years reported increases in the percentage of the birth through 1-year-old population served. These percentages suggest that the majority of States have made continuous progress in identifying families and infants at the earliest ages who qualify for services and that efforts to do so were particularly effective in the most recent years.

Early Intervention Settings for Infants and Toddlers with Disabilities

States report the number of infants and toddlers receiving services in eight settings categories. Each child is counted only once in the setting in which he or she receives the most hours of early intervention service. Since 1990, Part C setting data have been collected using these categories: early intervention classroom, family child care, home, hospital (inpatient), outpatient service facility, regular nursery school/child care center, residential facility, and other setting.

Forty of 50 States and 4 Outlying Areas use all eight settings categories for reporting. However, there is variation across the remaining States in the use of these categories.

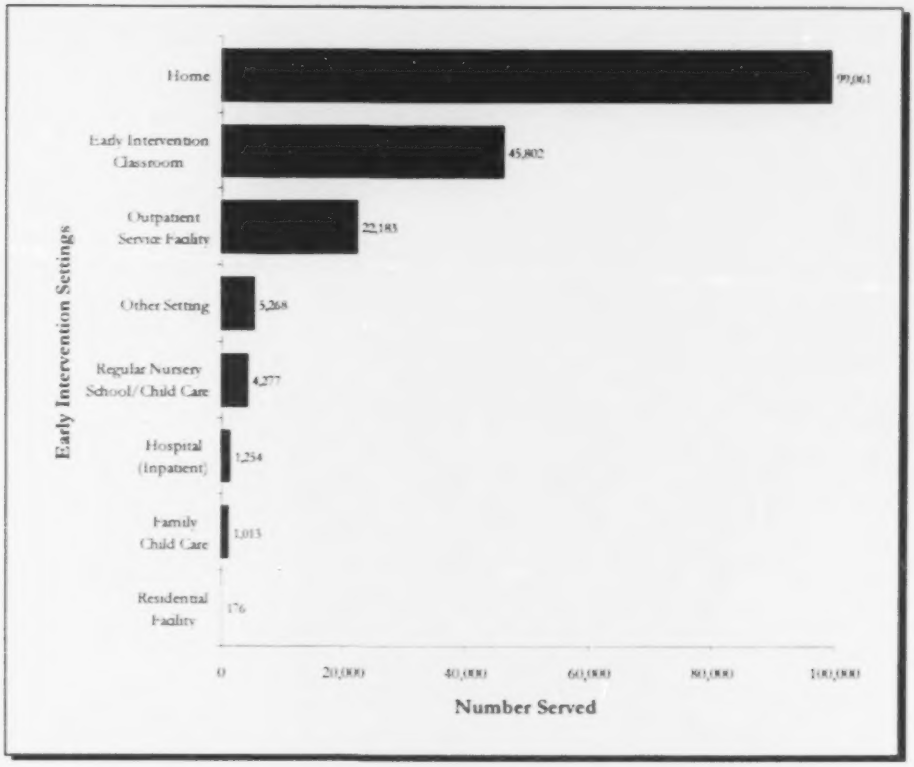
The home setting is the most widely used category and in 1996 was used by all but two of the States and Outlying Areas. In contrast, the residential facility category was not used by 11 States in 1996. Ten States did not use the family child care category; eight States did not use the other settings category; six States did not use early intervention center/classroom, and six did not use hospital (inpatient). Four States did not use the outpatient service facility category for reporting, and four did not use regular nursery school/child care center. Connecticut uses only three setting categories for reporting: home, outpatient service facility, and regular nursery school/child care center; California uses only two categories, early intervention classroom and home; and Massachusetts uses just the home category. These variations in the use of the setting categories for reporting the number of infants and toddlers receiving services make it difficult to discern strong trends across categories. However, the trends across years do present a consistent picture with respect to the most frequently used settings for service provision.

In 1996-97, the three settings that continued to be the most widely used for reporting the provision of services to infants and toddlers were home (99,061 or 55 percent), early intervention classroom (45,802 or 26 percent), and outpatient service facilities (22,183 or 12 percent) (see figure II-4). All other settings categories, including regular nursery school/child care, family child care, hospital (inpatient), residential facility, and other settings, accounted for services provided to only 7 percent of families and children in 1996-97.

Looking at trends over the past 3 years with respect to the three early intervention settings in which infants and toddlers have most frequently been served, the percentage of children served at home rose continually from 49.6 percent in 1993-94 to 55.3 percent in 1996-97. In contrast, the percentage of infants and toddlers served in early intervention classrooms decreased from 30.6 percent in 1994-95 to 25.6 in 1996-97. The percentage of infants and toddlers served in outpatient service facilities fluctuated between 10 and 12 percent, with no apparent trend of an increase or decrease over time. Since 1994, the percentage of children served in hospitals on an inpatient basis has been minimal (less than 2 percent each year), and the percentage of children served in regular nursery school/child care or family child care combined has remained fairly stable at around 3 percent over the 3-year period of 1994-95 through 1996-97.

At the State level, trends over the past 3 years indicate that most States (44) have served the majority of infants and toddlers in the same setting from year to year. In 36 States, the majority of children ages birth through 2 have been served at home over the 3 years. In six States, the majority of children have been served in early intervention classrooms over the past 3 years. In Tennessee, the majority of children have been served in outpatient service facilities over the past 3 years, and, in

Figure II-4
Number of Children Ages Birth Through 2 Served in Different Early Intervention Settings, 1996-97

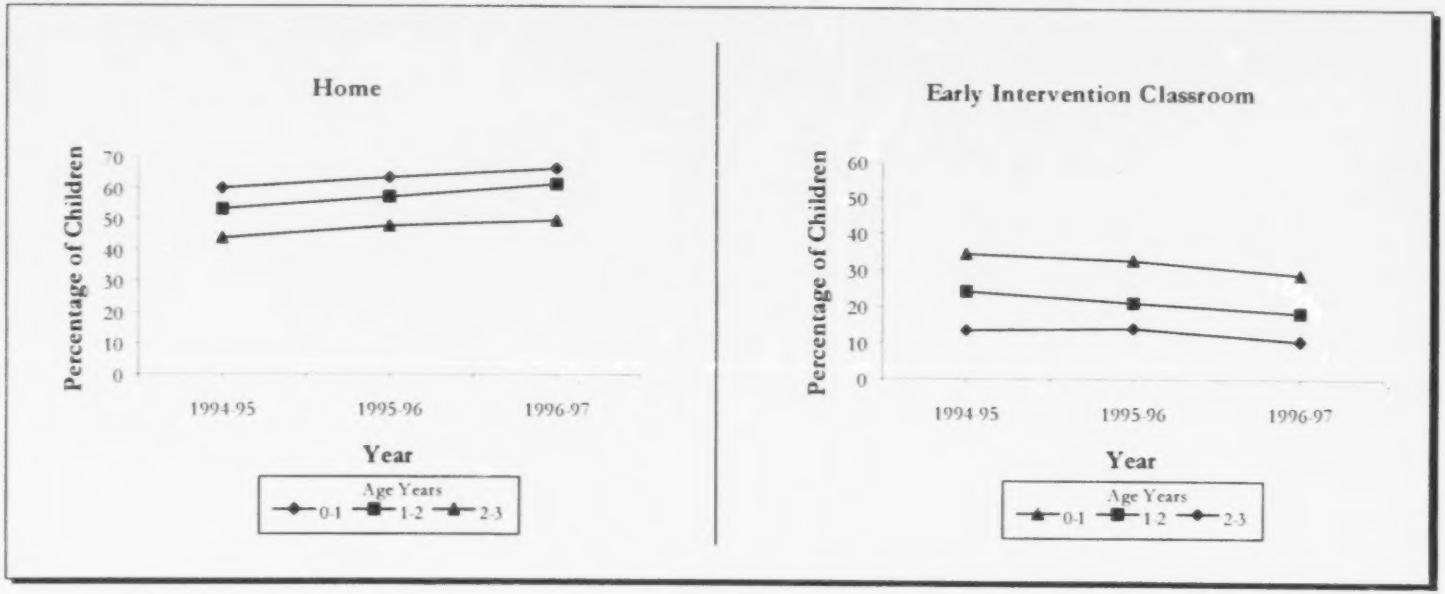


Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Colorado, the majority have been served in other settings, defined as service settings other than the seven defined categories.

Three-year trends in the percentage of infants and toddlers, by discrete age year (birth through 1, 1 through 2, and 2 through 3), who have been served at home or in early intervention classrooms show quite consistent patterns (see figure II-5). Across all three age years, infants and toddlers are more frequently served at home than in early intervention classrooms. However, not surprisingly, the younger the child, the more likely that services will be delivered in the home. As children approach age 2, it is more likely that services will be delivered in an early intervention classroom setting.

Figure II-5
Three-Year Trends in the Percentage of Infants and Toddlers Served at Home and in Early Intervention Classroom Settings, by Discrete Age Year



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

The trend of increasing percentages of infants and toddlers served at home is evident across all discrete age years, and there do not appear to be notable differences between age groups in the rate of increases from year to year. An opposite trend is evident for early intervention classrooms; among children ages 1 through 2 and 2 through 3, there has been a steady decline in the percentage of children served in this setting. The trend within the birth through 1 age group is less clear with respect to early intervention classroom settings, although the decline from 13.9 percent in 1995-96 to 10.5 percent in 1996-97 suggests a pattern that may, in the coming year or two, parallel that of children ages 1 through 2 and 2 through 3.

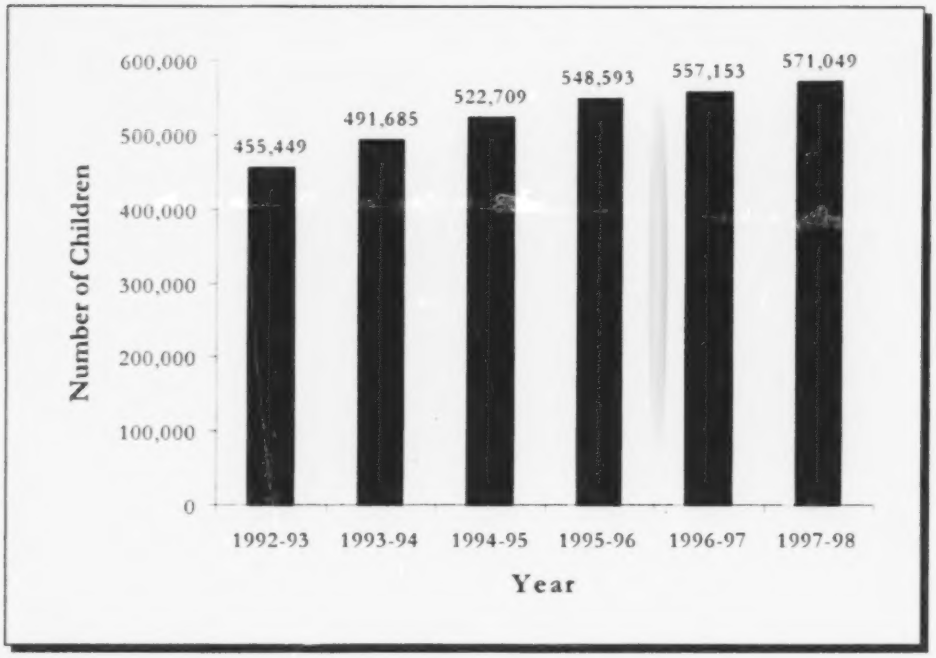
The Number of Children Served Under the Preschool Grants Program

Since fiscal year 1992, States must make a free appropriate public education (FAPE) available to all 3- through 5-year-old children with disabilities in order to be eligible for funds under the Preschool Grants Program, funds attributable to this age under the Grants to States Program, or IDEA discretionary grants pertaining solely to children ages 3 through 5. In 1997-98, States and Outlying Areas reported that 571,049 children ages 3 through 5 were served under the Preschool Grants Program (see figure II-6). This number represents an overall increase of 115,600 children (25 percent) from the number served in 1992-93. From 1992-93 to 1997-98, although there has been a 6.4 percent average annual rate of increase in the number of 3- through 5-year-olds served, the annual rate of increase has declined each year from 8 percent (1992 to 1993) to 2 percent for the most recent year (1996 to 1997).

Looking at the national trends over the past 3 years in the proportion of the total population ages 3 through 5 served under the Preschool Grants Program, there has been a steady increase from 4.47 percent served in 1995-96 to 4.58 percent in 1996-97 and 4.69 percent in 1997-98. At the State level, the percentages of the 3- through 5-year-old population served remained fairly stable over this 3-year period. For each of the 3 years, the majority of States (66 percent in 1995 and 1996 (n=38), and 70 percent in 1997 (n=40)) reported serving between 4 and 6 percent of the 3- through 5-year-old population in the State. In 1997, less than 20 percent of the States reported serving 3 percent or less of the population of children ages 3 through 5. The number of States that served 7 percent or more of the 3- through 5-year-old population has grown over this 3-year period from six States in 1995 to eight States in 1997.

About two-thirds of the States (65 percent or 37 States) have reported no changes in the percentage of the 3- through 5-year-old population served in the Preschool Grants Program over the 3-year period from 1995 to 1997. About a third of the

Figure II-6
Number of Children Ages 3 Through 5 Served Under the Preschool Grants Program, 1992-93 – 1997-98



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

States (32 percent or 18 States) increased the percentage of the population of 3- through 5-year-old children who were served over this 3-year period. Six States have served 7 percent or more of the 3- through 5-year-old population for each of the past 3 years (Arkansas, Kentucky, Maine, South Dakota, West Virginia, and Wyoming). In general, the data suggest that while the percentage of the 3- through 5-year-old population identified as eligible for special education has remained fairly stable over the past 3 years, the actual number of children served by the Preschool Grants Program has continued to grow.

Educational Environments for Preschoolers with Disabilities

States and Outlying Areas report the number of children ages 3 through 5 with disabilities who are served in each of six categories of educational settings. These settings include regular class, resource room, separate class, separate school (public and private), residential facility (public and private), and homebound/hospital. OSEP

provides optional instructions to States for reporting counts of preschool-aged children in each of the categories because the school-based categories may not reflect the types of service delivery models used to meet the needs of preschool children with disabilities.[1] Table II-1 includes the definition of each setting category as it applies to preschool children with disabilities.

In 1996, preschool children with disabilities were most frequently served in regular class settings (262,945 children or 51 percent) (see figure II-7). Separate class settings were the next most frequently used setting (166,903 children or 32 percent). Under 10 percent of the preschool children with disabilities were served in each of the other educational settings, including resource room (9 percent), separate school (6 percent), home/hospital (2 percent), and residential facility (less than 1 percent).

There have been no notable changes over the past 3 years in the relative use of different educational environments for providing services to preschool children with disabilities. The percentage of children served in regular class settings has remained stable at about 50 percent for the 3-year period 1994-95 to 1996-97. Separate class settings, the next most frequently used setting for preschool children with disabilities, have been the primary service setting for about a third of these children for the past 3 years.

[1] Beginning in 1998-99, States will report children ages 3 through 5 with disabilities in educational environments that better reflect service delivery models used with preschoolers.

Table II-1
Educational Environments for Preschoolers with Disabilities[a/]

Regular class includes children who receive services in programs designed primarily for nondisabled children, provided the children with disabilities are in a separate room for less than 21 percent of the time receiving services. This may include, but is not limited to, Head Start centers, public or private preschool and child care facilities, preschool classes offered to an age-eligible population by the public school system, kindergarten classes, and classes using co-teaching models (special education and general education staff coordinating activities in a general education setting).

Resource room includes children who receive services in programs designed primarily for nondisabled children, provided the children with disabilities are in a separate program for 21 to 60 percent of the time receiving services. This includes, but is not limited to, Head Start centers, public or private preschools or child care facilities, preschool classes offered to an age-eligible population by the public school system, and kindergarten classes.

Separate class includes children who receive services in a separate program for 61 to 100 percent of the time receiving services. It does not include children who received education programs in public or private separate day or residential facilities.

Separate school (public and private) includes children who are served in publicly or privately operated programs, set up primarily to serve children with disabilities, that are NOT housed in a facility with programs for children without disabilities. Children must receive special education and related services in the public separate day school for greater than 50 percent of the time.

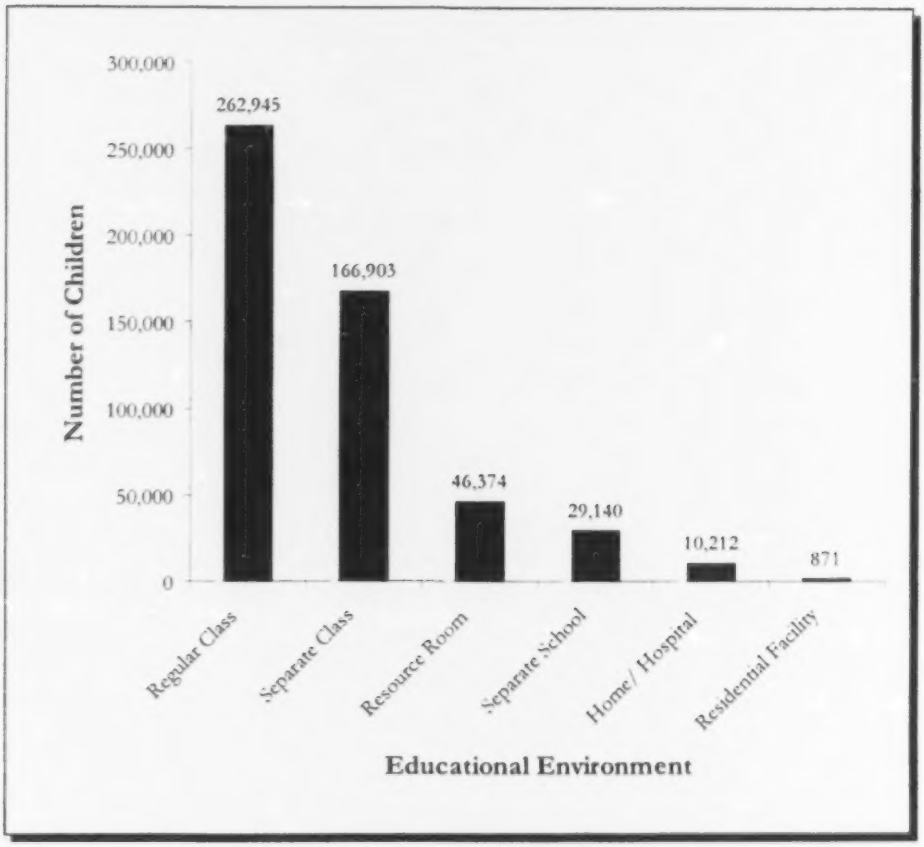
Residential facility (public and private) includes children who are served in publicly or privately operated programs in which children receive care for 24 hours a day. This could include placement in public nursing care facilities or public or private residential schools.

Homebound/hospital includes children who are served in either a home or hospital setting, including those receiving special education or related services in the home and provided by a professional or paraprofessional who visits the home on a regular basis (e.g., a child development worker or speech services provided in the child's home). It also includes children 3-5 years old receiving special education and related services in a hospital setting on an inpatient or outpatient basis. However, children receiving services in a group program that is housed at a hospital should be reported in the separate school category. For children served in both a home/hospital setting and in a school/community setting, report the child in the placement that comprises the larger percentage of time receiving services.

a/ These categories will change for the 1998-99 data on educational environments, which will be reported in the 23rd *Annual Report to Congress.*

Source: U.S. Department of Education, Office of Special Education Programs, *OSEP Data Dictionary, 1997.*

Figure II-7
Number of Children Ages 3 Through 5 *Served in Different Educational Environments* 1996-97



Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Summary

The number of children with disabilities served each year under both the Early Intervention Program and the Preschool Grants Program continues to increase. However, the birth through 1-year-old age group continues to constitute the smallest number of children served, as compared to the 1 through 2 and 2 through 3 age groups. This continued growth in the numbers of infants, toddlers, and preschoolers with disabilities receiving services reflects increased and more effective outreach at the State level through public awareness and Child Find efforts, as well as continued improvement in reporting procedures.

Over the past 3 years, the predominant setting used for the provision of services was home for the children in the birth through 2-year-old age group and regular class for 3- through 5-year-olds. Increasing numbers of infants and toddlers with disabilities are receiving services at home. In 1996, home was the primary service setting for 55 percent of children ages birth-2. The percentage of 3- through 5-year-old children with disabilities who receive services in a regular class setting has remained stable over the past 3 years at about 50 percent.

III. School Programs and Services

Educational Environments for Students with Disabilities

EDUCATIONAL ENVIRONMENTS FOR STUDENTS WITH DISABILITIES

The Individuals with Disabilities Education Act (IDEA) and its implementing regulations require that "to the maximum extent appropriate, children with disabilities . . . should be educated with children who are not disabled; and that . . . removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (34 CFR 300.550). The IDEA regulations further specify that a continuum of alternative placements must be available to meet the needs of children with disabilities for special education and related services (34 CFR 300.551). The question of what constitutes the least restrictive environment is perhaps the most contentious of all the issues related to educating students with disabilities. States and districts vary considerably in the percentage of students with disabilities served in different educational environments, raising concerns about financial, programmatic, or policy-related reasons for these differences.

This module summarizes literature on the outcomes of inclusive educational practices and presents national data on the extent to which students with disabilities receive services in general education classes and schools. It addresses a number of issues. How does inclusion in regular classes affect skill acquisition for students with disabilities? Are social outcomes for students with disabilities enhanced when they have more opportunities to interact with nondisabled peers? How does inclusion affect the performance of students without disabilities? What percentage of children with disabilities are served in different educational environments, and how do those percentages vary by age group and disability?

Outcomes of Inclusive Schooling Practices [1]

This section summarizes research that demonstrates the positive impact of inclusive schooling practices on students. The discussion highlights themes describing what has been empirically documented to date and what has been learned about how to maximize positive outcomes.

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[1] The following sections were adapted from McGregor, G., & Vogelsberg, R.T. (1998). *Inclusive schooling practices: A synthesis of the literature that informs best practices about inclusive schooling* Supported by OSEP grant #H086V40007.

Skill Acquisition for Students with Disabilities

Dunn (1968) and many others have stressed the availability of nondisabled students who can serve as role models and initiators of communication and social interaction as an important reason to place students with disabilities in general education classrooms. It is not surprising, therefore, that much of the initial research examining outcomes for students with disabilities placed in general education classrooms focused on these skill areas. The themes described below reflect evidence available to date.

A substantial number of studies have demonstrated that students with and without disabilities interact more frequently in integrated and inclusive settings than in self-contained environments (e.g., Brinker, 1985; Brinker & Thorpe, 1986; Fryxell & Kennedy, 1995). These results have been demonstrated for children in preschool (Guralnick & Groom, 1988; Hanline, 1993; Jenkins, Odom, & Speltz, 1989), elementary school (Cole & Meyer, 1991; Fryxell & Kennedy, 1995), and secondary settings (Kennedy, Shukla, & Fryxell, 1997; McDonnell, Hardman, Hightower, & Kiefer-O'Donnell, 1991). Despite the opportunities created by the presence of students without disabilities in general education settings, multiple demonstrations suggest that without adult intervention, students without disabilities tend to interact more frequently with other nondisabled students than with students with disabilities in social situations (e.g., Faught, Balleweg, Crow, & van den Pol, 1983; Odom & Strain, 1986; Sale & Carey, 1995). Fortunately, many strategies have been used successfully to encourage and maintain ongoing interaction between students with and without disabilities, including the use of communication aids and play organizers (Jolly, Test, & Spooner, 1993), teacher-mediated interaction (Strain & Odom, 1986), and peer-mediated assists (e.g., Brady et al., 1984; Sasso & Rude, 1987).

At least two studies suggest that the number of students with disabilities in the classroom has an impact on the level of social interaction that occurs between students with and without disabilities. In a study at the preschool level, Guralnick and Groom (1988) found that children with disabilities in playgroups with typically developing peers engaged in more peer-related social interaction than those who were in programs that grouped together children with disabilities. The authors emphasized the importance of having adequate numbers of typical peers in play groups, providing some empirical support for the principle of "natural proportions" (Brown et al., 1989). Similarly, McDonnell et al. (1991) found that the number of students with severe disabilities in a school was negatively associated with in-school and after-school integration. Students placed in their home school had significantly higher levels of interaction with typical peers than those enrolled in programs that tend to recruit larger numbers of students with disabilities.

Closely associated with opportunities for social interaction is growth in social competence and communication skills. Studies documenting parental reports of child development have consistently identified improvement in the area of social skills and communication as outcomes associated with participation in an educational program with typical peers (e.g., Bennett, DeLuca, & Bruns, 1997; Guralnick, Connor, & Hammond, 1995; Turnbull, Winton, Blacher, & Salkind, 1982). These gains have also been documented in studies that directly measure performance in these areas. In a 2-year comparison study of students with disabilities in both integrated and segregated settings, Cole and Meyer (1991) found that students in integrated educational placements demonstrated substantial progress on a measure of social competence, encompassing such specific communication and social skills as initiation, self-regulation, choice, and terminating contact. In contrast, comparison of students in segregated settings showed regression in these areas across the 2-year period. Performance gains in these areas have been noted in other placement comparison studies (e.g., Jenkins et al., 1989) as well as in noncomparison studies conducted in inclusive classroom settings (e.g., Hunt, Alwell, Farron-Davis, & Goetz, 1996; Hunt, Staub, Alwell, & Goetz, 1994; Jolly, Test, & Spooner, 1993; Kozleski & Jackson, 1993).

Academic Skill Acquisition for Students with Disabilities. A recent study investigated the level of academic engagement of students with severe disabilities included in the general education classroom for content-area classes by comparing the behavior of students with disabilities to a sample of peers without disabilities in the same settings (McDonnell, Thorson, McQuivey, & Kiefer-O'Donnell, 1997). Despite higher levels of inappropriate classroom behaviors among students with disabilities (e.g., aggression, lack of attention during instruction), there were no significant differences in academic engagement between the two groups of students. While no measures of skill acquisition were reported, these findings are consistent with parent reports that their children are learning material from the general education curriculum as a result of their inclusive placement (Ryndak, Downing, Morrison, & Williams, 1996).

Skill acquisition data in academic areas are more frequently reported in studies that involve the general classroom placement of students with mild disabilities. McDougall & Brady (1998) demonstrated increases in math fluency and engaged time for students with and without disabilities after the introduction of a multicomponent self-management intervention. On a larger scale, there are program models for which substantial performance gains for students with disabilities have been found (e.g., Wang & Birch, 1984) as well as those for which positive gains were evidenced in some, but not all, curricular areas (e.g., Affleck, Madge, Adams, & Lowenbraun, 1988), or for some, but not all, students with mild disabilities (e.g., Zigmond & Baker, 1990). Manset & Semmel (1997) conclude that gains for students *without* disabilities are the most consistent outcome of this body of research,

suggesting the potential benefits of blending the instructional expertise of general and special educators for the benefit of all students, while underscoring the need to pay greater attention to specific organizational and instructional practices in heterogeneous classrooms.

The traditional general education classroom, with an emphasis on whole group instruction, is increasingly being viewed as a barrier to the learning of not only students with disabilities but others in the general education classroom who have diverse learning styles. A substantial body of evidence points to instructional groupings that are advantageous for students both with and without disabilities. Wang & Birch (1984) describe the difference in student behavior in a traditionally structured classroom and a classroom designed to accommodate diverse learners (i.e., Adaptive Learning Environments Model (ALEM)). In the ALEM classroom, students were more actively engaged in exploratory and individual activities, spending less time in whole group and teacher-prescribed activities. The small group structuring associated with cooperative learning has been repeatedly demonstrated as academically (e.g., Lew, Mesch, Johnson, & Johnson, 1986; Madden & Slavin, 1983) and socially beneficial for heterogeneous groups of students (Johnson & Johnson, 1981; Johnson, Johnson, & Anderson, 1983; Johnson, Johnson, Tiffany, & Zaidman, 1983). Similarly, small group structures associated with peer tutoring are associated with benefits for students with and without disabilities in a variety of academic areas (e.g., Cohen, Kulik, & Kulik, 1982; Maheady, Sacca, & Harper, 1987; Mathur & Rutherford, 1991; Osguthorpe & Scruggs, 1986).

Several studies have examined the impact of small instructional groups on the skill acquisition of students with more severe disabilities in inclusive settings (Dugan et al., 1995; Hunt et al., 1994; Logan, Bakeman, & Keefe, 1997). Hunt and colleagues (1994) structured cooperative learning groups involving students with severe disabilities and their typical peers. Students with disabilities learned and generalized the skills targeted for them in this instructional context. Their typical peers performed as well as peers assigned to groups that did not have a student with a severe disability as a group member. In a comparison of whole group, one-to-one, individual work, and small group work, similarly positive findings are documented by Dugan et al. (1995). Logan and colleagues (1997) found whole group instruction to be the least favorable context for promoting task engagement of students with severe disabilities. Together, these studies provide some preliminary evidence that the type of instruction currently considered to represent good practice in general education is also, when appropriately structured, conducive to the learning of students with disabilities (Cosden & Haring, 1992).

Social Outcomes for Students with Disabilities. Another powerful rationale for inclusion is that students with disabilities will have the opportunity to develop relationships with peers that evolve into true friendships, carrying over into after

school hours. Research has examined friendship outcomes for students with disabilities based upon their educational environments. A direct comparison of the social interactions, social support behaviors, and friendship networks of students placed in general education classrooms with similar students served in self-contained classrooms clearly favored those in inclusive settings (Fryxell & Kennedy, 1995; Kennedy et al., 1997). Students in inclusive environments had more frequent interaction with their peers and larger, more durable networks of peers without disabilities. Furthermore, a positive relationship has been established between the proximity of a student's educational environment to his home and in-school and after-school involvement with peers (McDonnell et al., 1991). Students who were in integrated settings but placed in a cluster program had significantly lower levels of peer involvement than students with disabilities attending their "home" school. These findings again speak to the "best practice" guidelines delineated by Brown and colleagues relative to natural proportion and home school settings (Brown et al., 1989).

Other research about friendship in inclusive settings has been descriptive, providing insight into the types of relationships that develop between students with disabilities and their typical peers. Qualitative investigations describe friendships between students with and without disabilities that show the same variation in relationships and status that one sees in friendships between students without disabilities (Evans, Salisbury, Palombaro, Berryman, & Hollowood, 1992; Staub, Schwartz, Gallucci, & Peck, 1994). This research suggests that differences seen in relationships are influenced by factors not uniquely associated with disability status.

Using multiple methodologies and data sources gathered over a 3-year timeframe, Meyer and her colleagues (1998) also found substantial variations in the social relationships occurring between students with severe disabilities and their peers. They identified six distinct "frames" that characterize the relationships they saw. While some of the relationships observed illustrate undesirable social status, friendships encompassed by the descriptors "just another kid," "regular friends," and "best friends/friends forever" suggest more equitable and mutually rewarding relationships.

Finally, reports from parents of students who are part of general education classrooms indicate that these environments facilitate friendships outside of school (Bennett et al., 1997). Despite pessimistic assumptions held by some, severity of disability has not been found to preclude the formation of social relations and interactions with typical peers. However, the observations of Salisbury and Palombaro regarding successful social relations (1998) do merit attention.

> The potential for social isolation was there, but proactive strategies within a supportive classroom climate seemed sufficient to counterbalance the potentially negative consequences of challenging behaviors and limited expressive capabilities (p. 101).

In a qualitative study of five inclusive elementary schools, Janney and Snell (1996) identified strategies used to facilitate inclusion and interaction. They found that teachers made complex judgments in order to know when to encourage interaction and when to "back off." They used typical peers in various ways to assist and promote interaction. Classroom rules about helping changed. Finally, they modeled the message "just another student" in their talk and actions, implicitly conferring classroom membership status to the student with severe disabilities. In contrast to other methods of promoting friendship and support that focus exclusively on the "identified" students, these teachers used whole-classroom strategies based on cooperation and mutual assistance to create a setting in which all students could be supported.

Adults can also interfere with the development of relationships between students with and without disabilities in the regular classroom. Giangreco, Edelman, Luiselli, and MacFarland (1997) analyzed interactions between students and instructional assistants in 16 classrooms in 11 schools in four States over 2 school years. The finding that instructional assistants maintain *ongoing* physical proximity to students with severe disabilities that they support in the general education classroom has broad implications but is particularly relevant in the area of peer interaction. Observations and comments by staff suggest that, in some cases, the constant proximity of an adult inhibits interaction with peers. When instructional assistants had established good relationships with typical peers, the opposite effect was noted.

At least two approaches have been taken to promote interaction and friendship between students with and without disabilities. Early published reports describe special programs or interventions (e.g., Special Friends) to bring students together, based on the knowledge that contact with people with disabilities positively influences attitudes (Voeltz, 1982). The limitations of this periodic contact outside the ongoing structures and activities of the general education classroom are suggested by two studies. In an early analysis of student interaction in integrated preschools, Guralnick (1981) found that students with mild disabilities were more socially integrated than those with more significant differences. However, these students were members of the same class, while other students were integrated for only select activities. Hanline (1993) commented, "It may be that the shared experiences created by full inclusion provide the foundation for more social integration" (p. 33). Schnorr (1990) observed and talked with middle schoolers in an effort to understand their perception of a "part time" mainstreamed student. In the eyes of the typical students, these part-time students did not "belong" to the class

because they did not share in the school experiences that, for these children, defined what it meant to be in middle school. Students with disabilities found it difficult to "connect" with peers because they did not participate in extracurricular activities, lacked membership in subgroups and partnerships established outside the classroom, and lacked the time to form connections due to receiving special instruction during times when their peers typically socialized.

More recent efforts to promote friendship are embedded within the context of the ongoing school and classroom routine. These strategies attempt to encourage natural relationships between students and their peers in these shared settings. In a second investigation of the elusive concept of membership and belonging, Schnorr (1997) found that in middle and high school classes, student membership and belonging depend upon developing an affiliation with a subgroup of peers within the class. In her study of students with disabilities in four classes, she observed that some students were successful in connecting with a subgroup, while others were not.

Impact on Students without Disabilities

A frequent concern about the involvement of students with disabilities in general education classrooms is that their presence will be detrimental to other students in the class. Many early investigations of the impact of students with disabilities on the developmental progress of typical students were conducted in preschool programs involving students with varying degrees and types of disabilities. Studies consistently demonstrated that the development of typically developing children did not decelerate (e.g., Bricker, Bruder, & Bailey, 1982; Odom, Deklyer, & Jenkins, 1984) as a function of the diversity of children in the classroom. Among school-aged students, consistent results have been obtained (Sharpe, York, & Knight, 1994), although the research is sparse in this area. Measurement issues (i.e., the questionable sensitivity of standardized academic and behavioral measures typically used by schools) complicate this type of investigation.

Several studies have examined this issue from a different perspective, seeking to investigate concerns that students with disabilities require a disproportionate amount of teacher attention and therefore take away from the educational opportunities for other students. In the Johnson City School District, an investigation focused on the use of instructional time compared the teacher's use of time in classrooms with and without students with severe disabilities (Hollowood, Salisbury, Rainforth, & Palombaro, 1995). Results indicated no difference in engagement rates between classrooms, suggesting no negative impact on instructional opportunities. Similar findings are reported by McDonnell et al. (1997) in another direct comparison of classrooms with and without students with severe disabilities.

Examining this issue from yet another perspective, skill acquisition of typical students who are involved in small instructional groups containing a student with a severe disability has been examined by Dugan et al. (1995) and Hunt et al. (1994). In each case, the nondisabled students and the students with disabilities who were part of small cooperative groups demonstrated academic gains. In contrast, mixed results were obtained by O'Connor and Jenkins (1996) in a study focused on cooperative groups comprising typical students and students with mild disabilities in grades 3 through 6. While some groups were successful, others were not. Factors such as partner selection, teacher monitoring, and the establishment of a cooperative ethic appeared to influence the outcomes. Clearly, structure and support are essential to the success of these arrangements, and more research is needed to clarify critical organizational elements.

Finally, data from at least one study are available to respond to the concern that typical students will model inappropriate behavior exhibited by some students with disabilities. In a year-long observational study in an inclusive elementary classroom, Staub and colleagues (1994) did not find evidence to substantiate this fear.

Much of the research documenting positive outcomes for typically developing students has been survey research in which students themselves are the respondents (e.g., Helmstetter, Peck, & Giangreco, 1994; Kishi & Meyer, 1994; Peck, Donaldson, & Pezzoli, 1990). Benefits described by students revolve around several themes, including improvement in self-concept, growth in social cognition, and reduced fear of human differences (Peck et al., 1990). These results are corroborated in studies based on parental reports of child outcomes (e.g., Giangreco, Edelman, Cloninger, & Dennis, 1993; Miller et al., 1992). Furthermore, benefits associated with relationships with peers with disabilities have been found to persist far beyond the time that students are actively involved with each other (Kishi & Meyer, 1994).

The inclusion of students with disabilities in general education classrooms stimulates activities, opportunities, and experiences that might not otherwise occur within that classroom. In a review of various program models designed to support students with mild disabilities in regular classrooms, Manset and Semmel (1997) write that the most consistent positive result across program models is gains for nonidentified students. This suggests that some of the instructional strategies and organizational approaches typically introduced into the general education setting for the purpose of supporting identified students actually yield academic benefits for a far wider range of students.

Students with disabilities also create the opportunity to engage typical students in dialogues around issues that might otherwise go untouched within the scope and sequence of the curriculum. In the context of providing ongoing accommodations, issues about fairness and equity naturally arise. Qualitative investigations of

classrooms in which these issues were actively raised and discussed have been associated with the acquisition of sophisticated social cognition skills by students without disabilities. In one such study (Evans, Salisbury, Palombaro, & Goldberg, 1994), even students in kindergarten exhibited highly sophisticated concepts of fairness and could articulate principles of equal treatment. In this same school, teachers successfully taught elementary-aged students to use a collaborative problem-solving process to eliminate barriers to various issues related to the inclusion of students with disabilities (Salisbury, Evans, & Palombaro, 1997). Children successfully assumed the role of problem-solver, identifying solutions to address physical, social, academic, and staffing problems associated with students included in their classrooms. While these skills and values may have been learned through other experiences, they were a vital and recurring part of these classrooms as a result of the naturally occurring situations that arose in the course of supporting students with a wide range of skills within the general education setting.

A final observation relative to this theme relates to a finding by York & Tundidor (1995), generated in their discussions with typical students. Students reported a willingness to do far more than they were asked to do by adults in initial efforts to include students with disabilities in general education classes. The presence of these students creates opportunities for others to serve in roles or assume responsibilities that were previously not available. Clearly, some are willing to take advantage of these opportunities and may experience considerable personal growth as a result.

Educational Environment by Disability

Each year, States report to OSEP by age group and by disability the number of students served in a variety of educational environments, as defined in table III-1. The placement categories are designed to reflect the extent to which students with disabilities are served in schools and classes with their nondisabled peers. In 1996-97, 5,738,632 children ages 3 through 21 with disabilities received services in a variety of educational environments, from full-time general education classes to residential facilities (see table III-2). The largest percentage of students with disabilities (46 percent) received special education and related services outside the regular class for less than 21 percent of the school day. An additional 27 percent received services outside the regular class for 21 to 60 percent of the day, and 22 percent received special education and related services outside the regular class for more than 60 percent of the school day. More than 95 percent of students with disabilities were served in regular school buildings. Of the remaining students, 3 percent were served in public or private separate day schools, less than 1 percent were served in homebound/hospital environments, and less than 1 percent were served in public or private residential facilities (see table III-2). From 1995-96 to 1996-97, the number of students receiving services outside the regular class for less than 21 percent of the

Table III-1
OSEP Placement Categories and Definitions

Special education outside the regular class less than 21 percent of the day. Unduplicated number of children and youth with disabilities receiving special education and related services outside the regular class for less than 21 percent of the school day.

Special education outside the regular class at least 21 percent of the day and no more than 60 percent of the day. Unduplicated number of children and youth with disabilities receiving special education and related services outside the regular class for at least 21 percent but no more than 60 percent of the school day.

Special education outside the regular class more than 60 percent of the day. Unduplicated number of children and youth with disabilities receiving special education and related services outside the regular class for more than 60 percent of the school day.

Public separate facility. Unduplicated number of children and youth with disabilities receiving special education and related services for greater than 50 percent of the school day in public separate facilities.

Private separate facility. Unduplicated number of children and youth with disabilities receiving special education and related services for greater than 50 percent of the school day in private separate facilities.

Public residential facility. Unduplicated number of children and youth with disabilities receiving special education and related services for greater than 50 percent of the school day in public residential facilities.

Private residential facility. Unduplicated number of children and youth with disabilities receiving special education and related services for greater than 50 percent of the school day in private residential facilities.

Source: U.S. Department of Education, Office of Special Education Programs, *OSEP IDEA, Part B Data Dictionary, 1998.*

school day increased by 3.8 percent from 2,554,635 to 2,651,394; the percentage served in public separate day schools for students with disabilities decreased by 1.7 percent, from 131,785 to 129,578.[1]

Although the overwhelming majority of children with disabilities were served in regular school buildings, placement in regular schools varied considerably by disability (table III-3). More than 90 percent of students ages 6-21 with speech or

[1] Since States and Outlying Areas may update previously reported data as necessary, the data reported here may differ from those included in prior annual reports.

Table III-2
Number and Percentage of Students Ages 3 Through 21 with Disabilities Served in Different Educational Environments: 1996-97

Environment	1996-97	
	Number	Percentage
Regular Class	2,651,394	46.2
Resource Room	1,534,941	26.7
Separate Class	1,285,626	22.4
Public Separate School Facility	129,578	2.3
Private Separate School Facility	61,260	1.1
Public Residential Facility	22,479	0.4
Private Residential Facility	14,828	0.3
Homebound/Hospital Placement	38,526	0.7
Total Children	5,738,632	100.0

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

language impairments (99.6 percent), specific learning disabilities (99.1 percent), mental retardation (93.1 percent), other health impairments (93.1 percent), and orthopedic impairments, (92.7 percent) were served in regular school buildings. Students with deaf-blindness (64 percent) and multiple disabilities (70.5 percent) were least likely to be served in regular schools with their nondisabled peers.

There was also considerable variation by disability in placements within regular school buildings. The majority of students with speech or language impairments (88.6 percent) were served outside the regular class less than 21 percent of the school day as were large percentages of students with visual impairments (48.3 percent), specific learning disabilities (43.1 percent), orthopedic impairments (41.6 percent), other health impairments (41.3 percent), and hearing impairments (37.6 percent). Substantial percentages of students with specific learning disabilities (38.9 percent) and other health impairments (34.5 percent) received special education and related services outside the regular class 21 to 60 percent of the day. The majority of students with mental retardation (54.2 percent) and autism (53.1 percent) were served outside the regular class for more than 60 percent of the day as were large percentages of students with multiple disabilities (44.4 percent), deaf-blindness (38.1 percent), emotional disturbance (35.3 percent), and traumatic brain injury (30.6 percent).

Table III-3
Number and Percentage of Students Ages 6 Through 21 Served in Various Educational Environments Under IDEA, Part B by Disability on December 1, 1996

Disability	Served Outside the Regular Class			Separate Facility	Residential Facility	Home-bound/ Hospital
	0-21% of the Day	21-60% of the Day	More Than 60% of the Day			
Specific Learning Disabilities	43.1 (1,146,168)	38.9 (1,035,406)	17.1 (454,822)	0.7 (9,542)	0.1 (3,442)	0.2 (4,679)
Speech or Language Impairments	88.6 (927,727)	6.6 (68,794)	4.4 (46,110)	0.3 (3,365)	0.0 (344)	0.1 (726)
Mental Retardation	10.5 (62,248)	28.4 (168,516)	54.2 (321,132)	5.9 (34,706)	0.5 (3,056)	0.5 (2,932)
Emotional Disturbance	22.5 (99,956)	23.3 (103,352)	35.3 (156,759)	13.7 (60,756)	3.7 (16,210)	1.5 (6,603)
Multiple Disabilities	9.5 (9,894)	16.6 (17,252)	44.4 (46,194)	24.0 (25,026)	3.1 (3,181)	2.5 (2,552)
Hearing Impairments	37.6 (25,613)	18.4 (12,531)	26.6 (18,160)	7.6 (5,155)	9.5 (6,474)	0.4 (282)
Orthopedic Impairments	41.6 (27,428)	20.4 (13,430)	30.7 (20,230)	5.0 (3,286)	0.2 (148)	2.3 (1,486)
Other Health Impairments	41.3 (68,522)	34.5 (57,319)	17.3 (28,675)	1.6 (2,666)	0.2 (361)	5.1 (8,420)
Visual Impairments	48.3 (12,523)	19.3 (4,993)	17.6 (4,572)	5.8 (1,506)	8.4 (2,167)	0.6 (159)
Autism	14.3 (4,897)	11.7 (4,011)	53.1 (18,240)	18.5 (6,365)	1.9 (659)	0.6 (192)
Deaf-Blindness	14.1 (213)	11.8 (178)	38.1 (575)	19.9 (230)	14.6 (221)	1.5 (23)
Traumatic Brain Injury	28.8 (3,049)	26.1 (2,758)	30.6 (3,240)	10.4 (1,110)	1.6 (173)	2.5 (260)
All Disabilities	45.7 (2,388,228)	28.5 (1,488,540)	21.4 (1,118,709)	3.1 (158,705)	0.7 (36,436)	0.5 (28,314)

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Educational Environment by Age Group

Educational environments also varied by age group, with younger children more likely to receive services in regular school buildings and regular classes (table III-4). More than 50 percent of children ages 3 through 5 with disabilities received services

Table III-4
Number and Percentage of Students Ages 3 Through 21 Served in Different Educational Environments by Age Group: 1996-97

Age Group	Served Outside the Regular Class			Separate School	Residential Facility	Home-bound/ Hospital Placement
	0-21% of the Day	21-60% of the Day	More Than 60% of the Day			
Age 3-5	50.9 (263,156)	9.0 (46,401)	32.3 (166,917)	5.7 (29,275)	0.2 (871)	2.0 (10,212)
Age 6-11	55.6 (1,475,507)	24.0 (636,219)	18.1 (479,222)	1.9 (51,296)	0.2 (6,318)	0.2 (6,205)
Age 12-17	36.2 (839,517)	34.2 (793,062)	24.4 (564,229)	3.8 (87,101)	1.0 (24,360)	0.8 (18,792)
Age 18-21	29.1 (73,214)	27.5 (69,259)	29.9 (75,258)	10.0 (25,166)	2.3 (5,758)	1.3 (3,317)
Total, 3-21	46.2 (2,651,394)	26.7 (1,534,941)	22.4 (1,285,626)	3.3 (190,838)	0.7 (37,307)	0.7 (38,526)

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

outside the regular class for less than 21 percent of the time.[2] An additional 9 percent received services outside the regular class for 21 to 60 percent of the time, and 32 percent received services outside the regular class for more than 60 percent of the time.

The majority of children in the 6 through 11 age group (56 percent) received services outside the regular class for less than 21 percent of the day. An additional 24 percent received services outside the regular class for 21 to 60 percent of the day, and 18 percent were served outside the regular class for more than 60 percent of the day.

Students ages 12 through 17 were fairly evenly distributed among the three regular school building placements. Thirty-six percent, 34 percent, and 24 percent received services outside the regular class 0-21 percent, 21-60 percent, and more than 60 percent of the school day, respectively.

The largest percentage of students ages 18 through 21 received special education and related services outside the regular class for more than 60 percent of the school day (29.9 percent). Smaller percentages of students in this age group (29.1 percent and

[2] Children 3 through 5 do not have a typical 5- or 6-hour school day, so percentages are based on the amount of time they receive services.

27.5 percent, respectively) received services outside the regular class for 0-21 percent and 21-60 percent of the school day.

Summary

This module summarized literature on the outcomes of inclusive schooling practices for students with and without disabilities and presented data on the number and percentage of students with disabilities served in different educational environments. Findings from previous research suggest that social interactions between students with and without disabilities are enhanced when students with disabilities are served in regular classes, particularly if teachers use deliberate techniques to promote interaction. Some students with disabilities in general education classes exhibited improved social and academic skills. Changes in instructional strategies designed to address the needs of students with disabilities were cited as beneficial for many students who had not been identified as eligible for special education services.

Over 95 percent of students with disabilities received special education services and related services in regular school buildings, and 46 percent were removed from regular classes for less than 21 percent of the school day. This varied considerably by disability and age group. Students with speech and language impairments were most likely to receive services primarily in regular classes. Elementary-aged children were more likely than secondary-aged children to receive services outside the regular class for less than 21 percent of the school day.

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IV. Results

Interim Report From the National Assessment

State Improvement and Monitoring

INTERIM REPORT FROM THE NATIONAL ASSESSMENT[1]

Introduction

In the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA), Congress sought to address some of the concerns and issues that have emerged since the law's initiation through a mandate for a national evaluation. Section 674 (b) of the 1997 amendments specifically requires the Department of Education to undertake an evaluation of the implementation and progress toward meeting the goals of the act. Nine target issues are specified in the law (see table IV-1). The assessment must examine how well schools, local education agencies (LEAs), States, other recipients, and the Department are achieving the purposes of the act, including:

- improving the performance of children with disabilities in general scholastic activities and assessments as compared to nondisabled children;
- providing for the participation of children with disabilities in the general curriculum;
- helping children with disabilities make successful transitions from early intervention to preschool education; preschool education to elementary school; and secondary school to adult life;
- placing and serving children with disabilities, including minority children, in the least restrictive environment (LRE);
- preventing children with disabilities, especially children with emotional disturbances and specific learning disabilities, from dropping out of school;
- addressing behavioral problems of children with disabilities as compared to nondisabled children;
- coordinating services provided under IDEA with other educational and pupil services (including preschool services), and with health and social services funded from other sources;

[1] This module is based in part on work performed by Margaret McLaughlin, Ann Milne, and Maurice McInerney at the American Institutes for Research through a task order contract to design, consistent with IDEA Section 674(b), a national evaluation of the implementation and impact of the IDEA Amendments of 1997.

Table IV-1
Nine Target Issues

1.	Improving Scholastic Performance
2.	Accessing the General Education Curriculum
3.	Supporting Successful Transitions
4.	Providing Placement in the Least Restrictive Environment
5.	Preventing School Dropouts
6.	Addressing Children's Behavioral Problems Effectively
7.	Coordinating Services for Children and Families
8.	Supporting Full Family Participation in Children's Education
9.	Resolving Disputes Through Mediation

- providing for the participation of parents of children with disabilities in the education of their children; and

- resolving disagreements between education personnel and parents through activities such as mediation.

The national evaluation must specifically include an assessment of the status of the nine target issues, as well as a comprehensive design for describing how States, local school districts, and schools are interpreting key provisions related to each of the issues. These issues became targets for the evaluation because they represent major new provisions in the special education legislation and/or have been persistently difficult to implement. The implementation of provisions relating to each of the nine issues has the potential of significant and positive impacts on children with disabilities, their families, and the schools that provide them with special education and related services. This module first discusses seven studies that the Office of Special Education Programs (OSEP) has funded to address the national assessment requirements of IDEA. The module then describes the status of each of the nine issues to be addressed by the national assessment and presents an overview of its conceptual design. The module concludes with several summary statements regarding the background context for the nine target issues.

OSEP Studies and Evaluation

In 1999, OSEP funded seven nationally representative studies that collectively address the Section 674(b) national assessment requirements. Each of the studies is in either the data collection or design phase; several of the studies are being conducted in two stages. The first is a design phase using a task order contractor to manage conceptual development, sampling, instrumentation, and OMB clearance procedures. The second stage involves the implementation of the study's data collection, analysis and reporting.

This second stage is conducted by a contractor selected through a full and open competition.

A brief description of each study is provided below, followed by a timeline of all the studies' design and implementation stages.

National Early Intervention Longitudinal Study (NEILS). This longitudinal study of Part C will provide data on child and family characteristics of the infants and toddlers served in Part C. Issues surrounding services and service delivery as well as provider characteristics and systems issues are investigated in this study. A second cohort of infants in 2000 will provide OSEP with comparative data which will be used to assess the impact of Part C over time.

Pre-Elementary Education Longitudinal Study (PEELS). PEELS will involve a national sample of children ages 3 through 5 in preschool special education programs. Data collection will be scheduled so that PEELS children and many NEILS children will be ages 3 through 5, inviting comparisons of the preschool experiences of children who had been in early intervention and those who had not. The general aim is to study longitudinal growth patterns and outcomes of children with disabilities within the context of their home and education environments as they progress from preschool to elementary school. The study will investigate characteristics of the children and families; characteristics of the programs and service providers; services provided and settings for their delivery; parental expectations, involvement, and satisfaction; intervention for behavior problems; and early reading instruction. It is expected that data collection will be in the form of surveys for parents and school personnel, as well as direct assessment of students.

Special Education Elementary Longitudinal Study (SEELS). This 6-year longitudinal project will study the educational, vocational, social, and personal development of elementary and middle school students with disabilities and the familial, social, institutional, and cultural factors that may affect that development. Three waves of data will be collected from parents, teachers, and principals. In addition, the study will include direct assessment of students' academic and social-emotional skills. The sampling will take place in two stages: the first stage includes more than 300 LEAs, and the second stage includes students within those LEAs. The second-stage nationally representative sample of more than 14,000 will comprise seven cohorts of students who are ages 6 through 12 in the first year of the study. Those students will be ages 11 through 17 at the time of the third data collection in the fifth year of the study. Results of the study will be generalizable to each of the seven age cohorts and to each of the 13 OSEP disability categories.

Longitudinal Study of Secondary and Postsecondary Outcomes for Students with Disabilities (NLTS-2). In 1983, a National Longitudinal Transition Study (NLTS) for students with disabilities was mandated by Congress under Section 8 of Public Law 98-199. That study followed 8,000 students, ages 13 through 21 in the 1985-86 school year, for a 5-year period from the 1985-86 school year through the 1989-90 school year. NLTS was extremely broad in scope, gathering data on a wide range of characteristics, experiences, and outcomes of youth with disabilities. OSEP used the results of the NLTS to guide the IDEA Amendments of 1997 as well as to suggest directions for its discretionary programs.

In order to get more recent data that adequately capture advances in transition services and postschool outcomes for students with disabilities, OSEP is supporting a second National Longitudinal Transition Study (NLTS-2). The NLTS-2 will be designed to follow a cohort of students through high school and into early adulthood, documenting the progress of these students in academic, vocational, and life-skills curricula (as appropriate) and their postschool outcomes such as postsecondary participation, employment, and independent living. This study has three goals:

(1) to examine longitudinally the educational, vocational, social, and personal achievements of students with disabilities during adolescence and early adulthood together with the familial, social, institutional, and cultural factors that account for the variability in those outcomes;

(2) to compare changes in the secondary and postschool experiences and outcomes of students with disabilities from the first longitudinal transition study to this one; and

(3) to use this information to suggest improvements to education policy, implementation, and practice.

State and Local Implementation of IDEA (SLI-IDEA). This 5-year study will evaluate the state and local implementation of the 1997 amendments to IDEA and the impact of this legislation on schools, districts, and States. The evaluation will provide an accurate description of the short- and long-term effectiveness of IDEA in improving educational services for children and youth with disabilities. The study will focus on the implementation of the IDEA amendments of 1997, factors which contribute to effective implementation, contextual factors that influence results, outcomes of IDEA, and emerging issues related to IDEA. In addition to large sample surveys of State education agencies (SEAs) (all 50), LEAs (about 800), and schools (about 3200), three focus studies will also be conducted. These will include in-depth qualitative examination of IDEA policies and procedures related to discipline, dispute resolution, and parent involvement.

Study of Personnel Needs in Special Education (SPeNSE). This study provides extensive information on general and special education teachers, speech language pathologists, preschool service providers and paraprofessionals serving students with disabilities. The study describes the adequacy of that workforce, both in terms of shortages and quality, and attempt to explain variation in workforce adequacy. Results from SPeNSE will be used for a variety of purposes. First, they will be disseminated to State and local education agencies, institutions of higher education, and technical assistance providers to help improve the quality of the workforce. Second, they will inform OSEP's personnel preparation activities. Third, they will be used for congressional reports on the implementation of IDEA.

The sample design for SPeNSE resulted in a large, nationally representative sample of personnel serving students with disabilities. The first-stage sample is a nationally representative sample of LEAs (460), independent education units (IEUs) (40) and the State-operated schools for students with visual and hearing impairments (72). The LEA sample was stratified by geographic region and LEA size (i.e., student enrollment). Stratifying by region ensured a geographically representative sample and ensures data necessary to analyze geographic variation in the need for adequately trained and competent service providers. The geographic regions correspond with those served by OSEP's six Regional Resource Centers. IEUs and state-operated schools were stratified by geographic region only.

The second-stage sample design is a stratified simple random sample of service providers from rosters of personnel that will be obtained from sampled LEAs, IEUs, and State schools. The roster sample will be stratified by the following types of personnel:

- special education teachers who serve primarily students with sensory impairments;
- speech/language therapists and teachers;
- special education teachers who serve primarily students with emotional disturbance;
- special education teachers who serve primarily children with disabilities ages 3 through 5;
- special education teachers who are not included in the previous four categories;
- general education classroom teachers; and

- special education paraprofessionals.

Project design staff developed four different data collection instruments for use in the study. These instruments will be administered using a computer-assisted telephone interview (CATI) with approximately 8,000 respondents. The surveys will gather information on such issues as workforce policies, severity of district personnel shortages, credentials and tested ability of personnel, demographic characteristics of personnel, classroom teaching practices (particularly in the areas of instructing English language learners, behavior management, reading instruction, secondary transition, and inclusive practices), working conditions, and opportunities for continuing professional development.

Special Education Expenditure Project (SEEP). OSEP is supporting a new Finance Center to conduct research and disseminate information on special education finance and related issues, as well as to design and implement an expenditure survey to collect data on costs of special education and related services. SEEP is the first comprehensive, nationally representative study of special education undertaken in more than a decade. The major foci of the Finance Center are to examine the costs and patterns of expenditures in special education and to update statistics related to implementation of Part B, similar to that gathered for previous cost studies. The survey will focus on obtaining information primarily from LEAs and other service providers regarding expenditures for educational services for students with disabilities (including special education and related services). Supplementary sources include SEAs and special education and/or finance entity officials and records. Information gathered will be used to determine total per pupil expenditures for special education and related services in the United States, examine how state and local funding of special education affects general education, and study the financial impact of cost-related provisions of the IDEA Amendments of 1997.

An eighth study is proposed, but projected dates for initiating the design are not yet firm.

State and Local Implementation of IDEA-Part C (SLIIDEA-C). Many of the administrative issues and concerns in Part C will be investigated in the state and local implementation studies. Some of the issues include parent participation; individualized family service plan development and implementation; alternative dispute resolution; personnel training and availability; numbers of children and families served; the impact, challenges, and advantages of serving at-risk infants and toddlers; and identification of exemplary models of implementation. This information is needed to measure outcomes for the Part C GPRA indicators as well as to provide state and local officials with needed information to improve the implementation of Part C.

Overarching Design Considerations

The 1997 reauthorization of IDEA occurred within a context of intense change in American education. There is little precedent for the level of scrutiny and involvement in public education of politicians, the business community, and the public at large. The result of this attention is an array of laws and other programs at the Federal, State, and local levels that have created new initiatives such as new content and performance standards, assessments, new graduation policies, safe school laws, charter schools, and new approaches to funding education. Within this highly charged context, IDEA was reshaped both to respond to broader changes in education as well as to address issues that have arisen in the implementation of IDEA and during the two decades since Federal special education policy was established.

Critical to an evaluation of the IDEA Amendments of 1997 is an understanding that many of the current provisions were established in the 1975 Federal legislation (P.L. 94-142) and its Federal legislative precedents and in other State laws and regulations. Over the years, amendments to the 1975 legislation as well as judicial decisions and State and local policies have established the basic foundation for current special education practices.

Congress' basic intent in enacting the 1975 P.L. 94-142 was to ensure the statutory right of every child with a disability to a free appropriate public education. Passage of the 1975 legislation came after years of debate and significant court actions as well as State legislation. Thus, at the time that formal Federal legislation was passed, there was already significant special education policy and practice established within States, albeit with great variability (Ballard, Ramirez, & Weintraub, 1982; Sarason & Doris, 1979).

Immediately after passage of the 1975 legislation, the Bureau of Education of the Handicapped commissioned several studies to evaluate the implementation issues of interest to Federal policy makers. These issues include evaluations of individualized education programs (IEPs), service implementation, and local districts' responses to other requirements of the legislation (Pyecha, 1980; SRI, 1982). Other studies of the Federal special education program (e.g., General Accounting Office, 1981, Hargrove, 1981; Moore et al., 1983) revealed the critical importance of various stakeholders, including principals, program administrators, and practitioners, in interpreting and shaping Federal policies so that service providers and families could work to implement policy. One important result of the 1975 Federal legislation was the elevation of special education within each State department of education and subsequent importance of establishing accountability for policy as well as stronger technical assistance (Moore, Walker, & Holland, 1982). At the local level, research indicated that early implementation efforts focused on interpreting procedural guidelines and putting into place mechanisms for managing the program and ensuring that various procedures were

being followed within required timelines (Pyecha, 1980; SRI, 1982). However, the research also documented that both States and local districts quickly moved beyond developing and routinizing procedures to developing services and filling gaps in programs for specific students. Quickly apparent was the critical importance of having well-prepared teachers and adequate service providers. Over the years, the *Annual Reports to Congress* have documented funded studies as well as other data concerning the status of implementation. Reviews of Annual Report data provide snapshots of critical service issues that have emerged over the years in the implementation of Federal special education policy. While OSEP has made significant investments in special education research since the passage of the 1975 legislation, the prospective national evaluation will be the first comprehensive national evaluation of the implementation of the Federal special education program in almost two decades.

Nine Target Issues

The nine issues identified in Sec. 674(b) to be addressed in the national evaluation are not all new. Some reflect current, and in some cases persistent, issues in implementing IDEA. Many have a long history and a base of State and local policies and practices. In some areas, a substantial body of case law has emerged. Other provisions such as the new requirements around assessment and accessing the general education curriculum have little or no policy base or instructional history. The challenge of the national evaluation will be to understand the substantial implementation history as well as current status pertaining to each of the nine issues. The evaluation must establish a baseline of current practice as well as track changes in implementation over time.

The following sections provide an overview of the status of the knowledge base within each of the issues as well as brief descriptions of specific statuary provisions that address each issue. Some issues have been extensively researched or examined, while others are relatively new. Within the limitations of this module, only the most salient aspects of each issue will be addressed.

A central goal of IDEA is to improve the academic outcomes of children with disabilities. Indeed, while this is listed as only one of nine issues, it is probably accurate to say that the other eight issues support this primary goal. Specifically, issues 2 through 7 all relate to improving the opportunities of children with disabilities to learn challenging and important content and to ensure that they leave public education equipped with the knowledge and skills, as well as supports, necessary to access postsecondary education and training, employment, and overall full citizenship. Issues 8 and 9 support higher achievement and better results for students through enhancing collaboration with parents and reducing adversarial litigation.

Improving Scholastic Performance

The first issue to be addressed in the national evaluation is improving scholastic performance.

The current IDEA addresses for the first time the inclusion of children with disabilities in State and local school accountability measures that have been adopted for all students. Students with disabilities are to be included in general state- and district-wide assessment programs, with necessary accommodations. Some students with significant disabilities may participate in alternate assessments, and guidelines for these assessments are to be developed and students are to be participating in these assessments. Participation rates and performance of students with disabilities on general and alternate assessments must be reported.

States are also required to establish formal goals for the performance of children with disabilities that are consistent with goals and standards for general education students. Each SEA is also to establish indicators to assess progress toward goals. At a minimum, these indicators must address the performance of children with disabilities on assessments, dropout rates, and graduation rates (§612(a)(16)(B)). Data relative to student progress on the performance goals must also be publicly reported.

By adding these provisions, the law defines statewide assessments as contributing to a student's educational opportunity. The provision also aligns special education policy with those of Goals 2000 and the Improving America's Schools Act.

Currently, we know little about the scholastic performance of students with disabilities. This is due in part to the lack of their representation in national large-scale data sets (McGrew, Thurlow, & Spiegel, 1993). In addition, in 1998 the National Center for Educational Outcomes (NCEO) reported that only 13 States were able to report performance data on children and youth with disabilities. In 1997, NCEO found that about half of the States have policies concerning the participation of these students in statewide assessments.

Participation of students with disabilities in the National Assessment of Educational Progress (NAEP) is now required. However, during the first half of the decade, NAEP's written guidelines specified that students with disabilities could be excluded from assessment if they spent less than 50 percent of their time in mainstream classes or were considered incapable of participating meaningfully in the assessment. New guidelines were adopted in 1995 to encourage greater inclusion of students with disabilities in NAEP while retaining local decision making. However, analyses of participation rates still indicate wide disparities in students with disabilities' participation, and research into

decision making indicated that nonstudent factors, including logistical arrangements and staff availability, were more influential in excluding a student from assessment than a student's instructional program (American Institutes for Research, 1998).

Rossi, Hertig, and Wolman (1997) conducted an analysis of the NELS:88 subsample of students who were identified as having disabilities. While recognizing numerous problems with how disability was defined and lack of systematic inclusion of this subpopulation in the national sample, the analyses yielded information regarding scholastic performance. For example, students with disabilities in general were more likely to have been retained prior to eighth grade and to have earned fewer units in core subject matter areas. They also had lower rates of gains on mathematics proficiency tests and fewer of them had taken or planned to take either the SAT or ACT. Findings relative to school performance did differ somewhat by type or nature of disability, with those students reporting physical or health disabilities comparing most favorably to nondisabled students on most performance measures.

Many of these findings are consistent with those reported by Wagner and colleages (1992) relative to the National Longitudinal Transition Study (NLTS), the congressionally mandated study of how students with disabilities were making the transition from secondary school to young adulthood. The numerous findings of the NLTS have been reported in previous annual reports to Congress.

At the elementary level, a secondary analysis of the Title I Prospects study conducted for the National Academy of Sciences Committee on Goals 2000 and Students with Disabilities (McDonnell, McLaughlin, & Morison, 1997) compared achievement levels of elementary-age students with disabilities to their peers. While students with disabilities as a group scored considerably lower, when their third grade achievement was considered using a value-added analysis that controlled for prior achievement, their progress was commensurate with their nondisabled peers.

The lack of scholastic data comparable to those reported for nondisabled peers will be addressed through new IDEA requirements. Moreover, the attention to the scholastic performance of children with disabilities served under IDEA will focus efforts on improving access to important knowledge and effective participation in the general education curriculum.

Accessing the General Education Curriculum

This issue, similar to that of improving scholastic performance, has as its foundation the desire to establish challenging standards and high expectations for students with disabilities. Like the new assessment provisions, access to the general education

curriculum is designed to increase educational opportunities for students with disabilities. Prior to the changes in the IEP that have been made in the IDEA Amendments, individualized planning for students with disabilities was largely confined to specifying the special education and related services that each child required. Despite the fact that in 1994-95, 2.2 million students with disabilities between the ages of 6 through 21 spent at least 80 percent of their school day in general education classes (U.S. Department of Education, 1997), there has been little research related to how these students access the general education curriculum and what accommodations (supports and services) are provided to enable the child to benefit from the general instructional program provided to all students.

As noted earlier, nationally representative data are limited regarding how many and to what extent students with disabilities currently participate in the general education curriculum and instruction. The NLTS (and to a lesser degree the NELS:88 and Prospects Study) provided some data on grade point average, course-taking, time spent in general education classes, failure rates, and diploma status. These give some sense of how children with disabilities have accessed the general education curriculum.

Recent studies such as surveys conducted by NCEO (November, 1997) and the Council of State School Officers (CSSO) and the Center for Policy Research on the Impact of General and Special Education Reform (Rhim & McLaughin, 1996), and case studies of high-reform districts (McLaughlin, Henderson, & Rhim, 1997; McLaughlin, Henderson, & Morando-Rhim, 1998) have demonstrated that as almost every State has developed new content and performance standards directed at improving learning opportunities, only some have policies requiring the participation of *all* children, including those with disabilities. In 1996, this represented 35 States, with nine additional States deferring the decision to the individual IEP team (Rhim & McLaughlin, 1996). The 1997 annual State survey conducted by the NCEO (November, 1997) indicates that only six States required IEP teams to document how a student's IEP goals and objectives are aligned with a State's content or curriculum standards. However, 41 States required IEP teams to document instructional accommodations. Little is known at the national level about how students with disabilities will participate in the standards and the effects on their ability to access the general education curriculum. Yet, local case studies (McLaughlin et al., 1997; 1998; Raber & Roach, 1998) indicate that both general and special education teachers will require significant guidance and support as they implement new IEP provisions requiring access to the general education curriculum.

Supporting Successful Transitions

Children with disabilities may experience several transitions during their preschool and school years. Issues related to the transition from school to postschool environments were identified early in the implementation of IDEA, and the 1983 amendments to

Federal law first addressed the need for transition planning by authorizing specific support for research, systems change, and other activities related to transition. In 1990, IDEA required a formal statement regarding needed transition services in the IEP. The 1997 Amendments required the development of a statement of transition service needs focusing on the student's course of study.

The new transition planning requirements for older students have come from almost a decade of research and experience with providing services to youth with disabilities that allow them to move successfully from school to adult life. Most of the research has focused on identifying practices that relate to such postschool outcomes as employment, postsecondary education, and community living (Hasazi, Furney, & DeStefano, 1998; McDonnell, Ferguson, & Mathot, 1992; Wagner et al., 1992; Wehman, 1996). Effective practices include facilitating self-determination among students, participation of family and cultural perspectives in planning, interagency collaboration, and the establishment of community networks of services.

A recent national study of effective transition practices in local districts (Hasazi et al., 1998) validated the importance of self-determination, effective and substantive interagency collaboration, extensive cross-agency professional development, a climate that supports transition, coordination across educational as well as other agency programs, and sustained leadership. Among the challenges to effective transition planning were the lack of available community programs and the often fragmented and unsystematic nature of the planning.

For certain students with disabilities, transition has posed even greater challenges. For example, transition of urban youth has been less successful than that of suburban and rural youth in terms of rate of employment and participation in postsecondary education or training (U.S. Department of Education, 1996). However, the research has generally been more comprehensive as it pertains to low-incidence disabilities, particularly students with mental retardation, than with students with learning disabilities or students with emotional disturbance (Patton & Blalock, 1996), and programs have often been more comprehensive and well developed.

During the past decade, with the emergence of early intervention and preschool programs, the importance of transition for young children with disabilities and their families has been realized. Transition planning was required for children moving from an IFSP to an IEP in an effort to ensure a seamless service system and prevent any disruption in services between placements (Chandler, 1995). However, transition issues have also arisen for children moving from preschool programs into elementary schools. Indeed, issues related to successful transition of preschoolers in general are addressed in other Federal legislation such as The School Readiness Act and is the first of the national goals (Ooms, 1991).

A number of effective practices have emerged from research related to early childhood transitions and include the need for interagency collaboration and thinking of transition as a long-term process as opposed to an event (Chandler, 1995). IDEA requires transition planning for young children only when the child will be leaving early intervention services (and entering preschool or other services). However, because transition planning may occur at other key points (e.g., preschool to elementary school, elementary to middle school, and middle to high school) any transition services provided at these points may be considered related services under the definition provided in IDEA.

Providing Placement in the Least Restrictive Environment

The issue of what constitutes education in the LRE has been one of the most controversial and persistent in special education. Indeed, one might argue that LRE principles such as "normalization" (Nirge, 1970; Wolfensberger & Menolascino, 1970) are at the core of national special education policy.

To ensure placements consistent with the principle of LRE provisions, SEAs must revise any funding mechanisms that result in placements that violate the LRE concept. Other requirements designed to promote more inclusive education are found in the IEP process as well as the explicit identification of supports and accommodations regarding how a child will participate in the general education curriculum and classrooms and extracurricular activities or nonacademic activities.

The literature related to the impacts of inclusive education is extensive and represents position papers and descriptions of best practices as well as some emerging empirical evidence regarding students (e.g., Fuchs, Fuchs, & Fernstrom, 1993; McGregor & Vogelsberg, 1998; McLaughlin, Warren, & Schofield, 1996). The growing literature base suggests that outcomes for students in inclusive settings can be positive in a number of domains but are significantly related to the amount and types of support provided to the student and teachers.

Preventing School Dropouts

Increasing concern is being expressed by educators, parents, and policy makers about students who leave school without graduating. While the dropout rate for students in general is significant, research has demonstrated that the dropout rate among students with disabilities is even higher (e.g., Hasazi, Johnson, Hasazi, Gordon, & Hull, 1989; Rossi et al., 1997; U.S. Department of Education, 1992). Among all students with disabilities, the dropout rate is approximately 33 percent, with certain groups of students

with disabilities (e.g., those with emotional disturbance) approaching 50 percent (Wagner et al., 1991).

Numerous problems are associated with estimating dropout rates in general. These problems are compounded in special education by the different types of exit documents that have been awarded to different types of children and the fact that, over the years, many children with disabilities were not educated with their age cohorts and "age out" of school after they reach the mandatory exit age of 21 or above. The *14th Annual Report to Congress* (U.S. Department of Education, 1992) reported findings related to students with disabilities who dropped out of school. Students who felt an emotional bond with school, whose friendships did not overly compete with the time needed to meet school responsibilities, and who abided by social rules sufficiently to avoid disciplinary problems were less likely to fail academically and were more likely to persist in school. Absenteeism and academic failure were strongly related to dropping out.

School programs can play a significant role in the prevention of dropouts. Promoting good attendance and social bonds with teachers and peers makes a difference. Providing relevant coursework and individual support services, including counseling, facilitating active participation in sports and other nonacademic activities, and monitoring progress toward graduation, are all components of successful approaches (Christianson, Sinclair, Thurlow, & Evelo, 1995; Wagner et al., 1992).

Addressing Children's Behavioral Problems

Perhaps one of the more difficult issues arising during the 1997 reauthorization of IDEA was how to provide effective positive discipline to students with disabilities and preserve their rights to FAPE. Public concerns about school safety and preventing violence and aggression in schools are at an all-time high. The result is an increase in developing and enforcing tougher discipline codes (Skiba, Peterson, & Williams, 1997). Within this climate of zero-tolerance are public perceptions that certain students with disabilities are more likely to exhibit behaviors--typically aggression--that should result in suspension or expulsion. Amidst congressional and public concerns that children with disabilities who displayed behavior harmful to themselves or others were being inappropriately protected from disciplinary actions imposed on nondisabled students for the same behavior, Congress amended IDEA in several ways. First, the amendments establish a set of procedural steps that must be taken when children with disabilities display disciplinary problems (see table IV-2). Included are precise guidelines about placements and timelines. In many cases, a review (by the IEP team and other qualified personnel) must be conducted of the relationship between the child's disability and the behavior subject to disciplinary action to determine the applicability of discipline procedures applied to children without disabilities. The legislation also contains

procedural rules for parental appeal and also requires consideration of positive behavior interventions and supports.

States now have the option not to provide special education and related to services to incarcerated 18- to 21-year-olds who, prior to their incarceration in an adult correctional facility, were not identified as eligible for special education or who did not have IEPs. A State may also require local school districts to include in the records of a child with a disability a record of any current or previous disciplinary action and transmit the statement to the same extent that such disciplinary information is transmitted with student records of nondisabled students.

A number of revisions in the 1997 law pertain to the procedures used to change the educational placements of students with disabilities who have violated school rules regarding use or sale of drugs or the carrying of a weapon. School personnel may order a change in placement to an appropriate interim alternative educational setting (IAES), another setting, or suspension, but strict timelines and conditions apply.

Application of these provisions is complicated by lack of data on the prelevance of certain disciplinary events among students with disabilities. Additionally, research reveals little consensus among administrators regarding what constitutes aggression or disruption or who should be suspended (Costenbader & Markson, 1994). Brantlinger (1991) reports that low socioeconomic, minority, and special education students appear to be at greater risk for receiving harsher discipline. Two studies of the actual nature of offenses as well as suspension and expulsion, including at least two statewide examinations of records, reveal that students with disabilities do not commit acts of aggression or other serious offenses at greater rates but are more likely to be suspended than a nondisabled peer for the same offense (Cooley, 1995; Michigan Department of Education, n.d.).

While students with disabilities as a group may pose no greater threats to school safety, no one denies that some may indeed exhibit antisocial behaviors such as aggression, hostility, defiance, and destructiveness and require intensive and positive interventions. In every school, there are children, with and without IEPs, who are at-risk or have already developed antisocial behaviors (Kazdin, 1993; Walker, Colvin, & Ramsey, 1995). These students not only disrupt the learning process in the school but severely jeopardize their own future through lowered achievement, substance abuse, disengagement, dropping out, and higher mortality (Duncan, Forness, & Hartsough, 1995; Walker et al., 1995).

Table IV-2
Provision of IDEA Regarding Nine Target Issues of the National Assessment

Issue #1: Improving Scholastic Performance	
Sec. 612 (a) (16)	States must establish performance goals for children with disabilities that are consistent with those for other children. States must also establish performance indicators to assess progress toward achieving goals.
Sec. 612 (a) (17) (A)	States and districts must include students with disabilities in regular assessments to the greatest extent possible and establish alternative assessments where inclusion is not possible.
Sec. 612 (a) (17) (B)	States must report the number of students with disabilities participating in regular and alternative assessments. States must report the aggregate performance of students with disabilities with the same periodicity and detail as students without disabilities.
Sec. 614 (a) (1) (B)	The child's initial evaluation must determine whether a child is a child with a disability and the educational needs of such a child.
Sec. 614 (a) (2) (A)	The LEA is responsible for conducting a reevaluation when warranted, when a parent or teacher requests one, or at least every 3 years.
Sec. 614 (b) (3) (A)	The tests used to evaluate children must be: nonracially discriminatory, administered in the child's native language, validated for the purpose for which they are used, administered by trained personnel, administered in accordance with instructions provided by the test publisher, assess the child in all areas of suspected disability, and provide relevant information that directly assists in determining the educational needs of the child.
Sec. 614 (d) (1) (A) (i) and (ii)	The IEP must establish baseline performance measures and annual goals that are measurable.
Sec. 614 (d) (1) (B) (ii)	The IEP team will consist of the parents, at least one special education teacher of the child, at least one regular education teacher of the child if the child is or may be participating in the regular education environment, a representative of the LEA, other individuals who have appropriate knowledge or expertise, and the child, as appropriate.
Sec. 614 (d) (2) (A)	The IEP must be in place by the beginning of the school year.
Sec. 614 (d) (4) (A) (i)	The IEP team will review the child's IEP at least annually to determine whether annual goals are being met.
Issue #2: Accessing the General Education Curriculum	
Sec. 614 (b) (2) (A)	In conducting an evaluation for an IEP, the LEA is required to gather functional and developmental information, and use a variety of assessment tools and strategies, that will help design an IEP that enables the child to be involved in and progress in the general curriculum.
Sec. 614 (d) (1) (A)	The IEP must include a statement about how the child's disability affects the child's involvement and progress in the general curriculum. It must also include measurable goals and objectives that will enable the child to be involved and progress in the general curriculum.
Sec. 614 (d) (4) (A)	The IEP team will review the child's IEP at least annually to determine whether annual goals are being met.

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Table IV-2 (cont'd)

Issue #3: Supporting Successful Transitions	
Sec. 612 (a) (9)	An IEP or IFSP, as appropriate, must be developed and implemented by age 3 for children with disabilities participating in early intervention programs under Part C and who will be participating in preschool programs under Part B. The IEP/IFSP must address how to make this transition smooth and effective.
Sec. 613 (g) (1-3)	If a State agency grants permission to an LEA to develop a school-based improvement plan, the LEA will be responsible for supervising all activities relating to the design, implementation, and evaluation of a school-based improvement plan established in a public school in the LEA's jurisdiction. Local agencies may use funds to permit a public school to design, implement, and evaluate a school-based improvement plan that will improve educational and transitional results for all children with disabilities.
Sec. 614 (d) (1) (A) (vii-viii), (d) (5-6)	IEPs must include a statement of transition service needs focusing on the child's educational needs by age 14 and annually thereafter. At age 16 and annually thereafter, the IEP must include a statement of transition service needs including, when appropriate, a statement of interagency responsibilities and needed linkages. The IEP must also include a statement of how the child's progress towards annual goals (including transition goals) will be measured. Beginning at least 1 year before the child reaches the age of majority under State law, the IEP must include a statement that the child has been informed of the rights that will transfer to him or her upon reaching the age of majority.
Sec. 618 (a) (1) (v), (b)	States must collect data annually on the number of children with disabilities who, for each year from ages 14 to 21 stopped receiving special education and related services because of completion and/or other reasons. These data must be compiled by race, ethnicity, and category of disability. States also must collect data on the number of children birth through 2 who stopped receiving early intervention services by race and ethnicity. The data may be obtained by sampling, at the discretion of the Secretary.
Issue #4: Providing for Placement in the Least Restrictive Environment	
Sec. 612 (a) (5) (A)	To the maximum extent appropriate, children with disabilities are to be placed in the least restrictive environment--placement with children who are not disabled, and minimal use of special classes, separate schooling, or other removal of children with disabilities from the regular education environment.
Sec. 612 (a) (5) (B)	State funding mechanisms cannot create incentives for placing students in more restrictive environments. If States have funding systems that create incentives for restrictive placements, they must promise to change their systems as soon as is feasible.
Issue #5: Preventing Dropouts	
Sec. 612 (a) (16)	States must establish performance indicators to be used in assessing State progress towards reducing dropout rates among children with disabilities.

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Table IV-2 (cont'd)

Issue #6: Addressing Children's Behavioral Problems Effectively	
Sec. 612 (a) (22)	States are required to track data on suspension and expulsion rates to determine if significant discrepancies exist between the rates for disabled and nondisabled children. If there are discrepancies, the State or LEA is required to review and revise its policies relating to the development and implementation of IEPs, use of behavioral interventions, and procedural safeguards.
Sec. 613 (j)	States can require LEAs to include in the records of children with disabilities a statement of current or previous disciplinary action taken against a child but only to the same extent that they require it for children without disabilities.
Sec. 614 (d) (3) (B) (i)	The IEP team shall consider strategies, including positive behavioral interventions and supports, to address student behavior when that behavior impedes the learning of the child or others.
Sec. 615 (j)	During any proceedings concerning either discipline or an alternative educational placement, the child shall remain in his/her current placement, unless the SEA or LEA and the parents agree otherwise.
Sec. 615 (k) (1) (A)	School personnel may order the child to an appropriate interim alternative educational setting, another setting, or suspension for not more than 10 school days. This 10-day period can be extended for up to an additional 45 days if the child: carried a weapon to school, possesses, uses, or sells illegal substances while at school or a school function.
Sec. 615 (k) (1) (B)	If a child who has been suspended has never had a functional behavioral assessment and does not have a behavioral intervention plan, the LEA shall convene an IEP meeting to develop an assessment plan that addresses the child's behavior either before or within 10 days of taking disciplinary action. If the child already has a behavioral intervention plan, the IEP Team shall review the plan and modify it, as necessary.
Sec. 615 (k) (2)	A hearing officer may order a change in placement to an appropriate interim alternative educational setting for not more than 45 days if s/he determines that the public agency has demonstrated that maintaining the current placement is substantially likely to result in injury to the child or others, considers the appropriateness of the child's current placement, considers whether the public agency has made reasonable efforts to minimize the risk of harm in the child's current placement.
Sec. 615 (k) (3)	Any interim alternative educational setting in which a child is placed must enable the child to continue to participate in the general curriculum and to continue to receive services that will enable the child to meet the goals set out in his/her IEP.
Sec. 615 (k) (4)	Any time disciplinary action that might result in a change in the child's educational placement or a suspension is considered, parents must be notified not later than the date on which the decision to take that action is made. Within 10 school days of the decision to take action, the IEP team shall review the relationship between the child's disability and the behavior subject to the disciplinary action.

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Table IV-2 (cont'd)

Sec. 615 (k) (5)	If the manifestation determination review demonstrates that the behavior was not a manifestation of the child's disability, relevant disciplinary procedures applicable to children without disabilities may be applied.
Sec. 615 (k) (6)	If the child's parent disagrees with a determination that the child's behavior was not a manifestation of the disability, or with any other decision, the parent may request an expedited hearing.
Sec. 615 (k) (7)	During a hearing, the child shall remain in the interim alternative educational setting. If school personnel maintain that it is dangerous for the child to be in the current placement, the LEA may request an expedited hearing.
Sec. 615 (k) (8)	A child who has not been determined to be eligible for special education and related services under Part B may assert any of the protections provided for if the LEA had knowledge that the child was a child with a disability before the behavior that precipitated the disciplinary action occurred.
Sec. 615 (k) (9)	The IDEA Amendments of 1997 do not prohibit LEAs from reporting a crime or prevent State agencies from exercising their responsibilities with regard to the application of Federal and State law to crimes committed by children with disabilities.
Issue #7: Coordinating Services for Children and Families	
Sec. 612 (a) (12) (A)	The chief State school officer is responsible for ensuring that there is an interagency coordination agreement in effect between the SEA and any other public agencies that provide and pay for services that are needed to ensure a free and appropriate public education, such as services relating to assistive technology services and devices, related services, supplementary aids and services, and transition services.
Sec. 613 (f) (1)	Up to 5 percent of Part B funds can be used by an LEA in combination with other funds to coordinate services.
Sec. 611 (f) (3) (G)	SEAs may use up to 1 percent of Federal funds to supplement other funds to coordinate services.
Sec. 613 (f) (3)	If an LEA is carrying out a coordinated services program under Title XI of ESEA, the agency shall use coordinated services funds from IDEA in accordance with the requirements of Title XI.
Issue #8: Supporting Full Family Participation in Children's Education	
Sec. 612 (a) (10) (C) (i)	LEAs may refuse to pay for the cost of education, including special education and related services, if the agency made a free and appropriate public education available to the child and the parents elected to place the child in a private school or facility.
Sec. 612 (a) (10) (C) (iii)	LEAs may reduce or deny payment for private educational services if the parents did not give written notice of their intention to remove their child from the public schools at least 10 business days prior to the removal of the child from public school and at the most recent prior IEP team meeting.

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Table IV-2 (cont'd)

Sec. 612 (a) (21) (A) (B)	States must establish and maintain an advisory panel for the purpose of providing policy guidance to the State with respect to special education and related services. The advisory panels will be appointed by the governor or other State official so authorized and include individuals concerned with the education of children with disabilities, and parents must constitute a majority of the members of the panel.
Sec. 612 (a) (21) (D)	The advisory panels will advise on unmet needs within the State in the education of children with disabilities, comment on any rules or regulations proposed by the State regarding the education of children with disabilities, advise the SEA in developing evaluations and reporting data, advise the SEA in taking corrective action to address findings identified in response to required Federal monitoring reports, and advise the SEA in developing and implementing policies relating to the coordination of services for children with disabilities.
Sec. 613 (g) (6) (A)	If a school has a school-based improvement plan, parents of children with disabilities must be included as members of the school improvement team. Their role will consist of being involved in the design, evaluation, and implementation of the school-based improvement plan.
Sec. 614 (d) (1) (A) (viii) (II)	Parents must be informed of their child's progress at least as frequently as parents of nondisabled children and must receive information on their child's progress toward meeting the annual goals and the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year.
Sec. 614 (a) (1), (c) (3)	Parents must give consent for evaluations and reevaluations.
Sec. 614 (b) (1), (4)	Parents are members of the group making the eligibility determination and must be given notice about the evaluation and provided a copy of the evaluation report and eligibility determination.
Sec. 614 (c) (1)	Parents' role as members of the IEP team includes providing information about the strengths of their child and their concerns for enhancing the education of their child.
Sec. 614 (f)	Parents will participate in decisions concerning the educational placement of their child.
Issue #9: Resolving Disputes Through Mediation	
Sec. 611 (f) (3) (C)	Certain Federal money may be used to establish and implement the mediation process required by Sec. 615 (e), including the costs of mediators and support personnel.
Sec. 615 (b) (1)	SEAs and LEAs must set up procedures to allow the parents of any child with disabilities to examine all records relating to the child and to participate in meetings regarding the identification, evaluation, and educational placement of the child.
Sec. 615 (b) (4)	Parents are entitled to written notice in their native language if an SEA or LEA proposes to change the placement of a child. If the parent does not agree with the change, the parent is entitled to mediation or a due process hearing.

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Table IV-2 (cont'd)

Sec. 615 (b) (7)	Parents, or an attorney representing the child, must provide the SEA or LEA in writing with notice of why they are contesting the identification, evaluation, or placement of the child, and provide a proposed solution if they have one.
Sec. 615 (b) (8)	SEAs must develop a model form to assist parents in filing a complaint.
Sec. 615 (d) (1)	Parents are entitled to a copy of the procedural safeguards upon initial referral for evaluation, with notice of each IEP meeting and upon reevaluation of the child, and upon registration of a complaint.
Sec. 615 (d) (2)	The notice to parents of procedural safeguards will be written in an easily understandable manner in the parent's native language (unless it is clearly not feasible to do so).
Sec. 615 (e) (1)	States are required to provide mediation as an alternative to due process whenever a hearing is required in all disputes involving the identification, evaluation, or placement of a child with disabilities.
Sec. 615 (e) (2) (A)	Participation in mediation procedures must be voluntary, not deny or delay a parent's right to a due process hearing, and be conducted by a qualified and trained mediator.
Sec. 615 (e) (2) (B)	SEAs and LEAs may establish procedures to require parents to meet with a disinterested third party who will explain the benefits of mediation.
Sec. 615 (e) (2) (C)	States will maintain lists of mediators who are knowledgeable in laws relating to special education.
Sec. 615 (e) (2) (D)	States will pay all costs associated with mediation.
Sec. 615 (e) (2) (E)	Mediation sessions shall be scheduled in a timely manner at convenient locations.
Sec. 615 (e) (2) (F)	All agreements resulting from mediation shall be put in writing.
Sec. 615 (e) (2) (G)	Discussions during mediation will be confidential and not used in any subsequent due process hearings or mediation.
Sec. 615 (f) (1)	Whenever a complaint is received relating to the identification, evaluation, or educational placement of a child, or placement of a child in an alternative educational setting for discipline purposes, parents are entitled to an impartial due process hearing by the SEA or LEA.
Sec. 615 (f) (2)	At least 5 business days prior to a due process hearing, all parties will disclose to all other parties any evaluations and any recommendation made on those evaluations they intend to use at the hearing. If they do not disclose them, the hearing officer may bar them from presenting the evidence.
Sec. 615 (f) (3)	Employees of the SEA or LEA involved in the education or care of the child may not conduct the hearing.
Sec. 615 (g)	Any party may appeal a decision from a hearing conducted by the LEA to the SEA. An SEA officer will review the decision and make an independent decision.

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Table IV-2 (cont'd)

Sec. 615 (h)	Participants in a hearing have the right to a lawyer and other expert help, the right to present evidence and cross examine, the right to a transcript of the hearing, and the right to written or, at the option of the parents, electronic findings of fact and decisions.
Sec. 615 (i)	A decision made in a hearing is final unless there is the right to appeal from the local to the State level and it is appealed. All decisions at the State level are final unless they are appealed to a State court or U.S. District Court.

Students with persistent patterns of antisocial behavior require more intensive interventions and can benefit from intensive individualized services that involve families, community agency personnel, educators, administrators, and support staff. These strategies require comprehensive assessments of the problem and involve flexible, comprehensive, and sustained interventions (Walker et al., 1996). According to some researchers, every school could benefit from a three-tiered intervention strategy of primary and secondary prevention that may prevent the development or escalation of antisocial behaviors (Walker et al., 1998).

Schoolwide primary prevention activities may include teaching conflict resolution, emotional literacy, and anger management skills on a schoolwide or universal basis. Such interventions have the potential not only to establish a positive school climate but also to divert students mildly at risk of antisocial behaviors. Primary prevention can prevent 75 percent to 85 percent of student adjustment problems. A majority of students who do not respond to primary prevention will respond to more individualized secondary prevention efforts, including behavioral or academic support, mentoring, and skill development. Secondary prevention strategies also include small-group social-skills lessons, behavioral contracting, specialized tutoring, remedial programs, counseling, and mentoring.

Early intervention with young children who exhibit antisocial behavior is the most effective method of intervention (Walker et al., 1998). Antisocial behavior can be identified as early as age 3, yet services often do not begin until late in elementary school (Duncan et al., 1995; Walker, Severson, & Feil, 1994). Successful programs coordinate services among home, schools, and communities and recognize that energies and resources that are expended on discipline can be better invested in prevention.

Coordinating Services for Children and Families

Recognizing that children with disabilities often require multiple services, including those that are not available under IDEA, several provisions were added during reauthorization of IDEA that are designed to facilitate access to, and coordination of, other services that may enhance the education and lives of children with disabilities and their families. There are several issues within the topic of coordinated services; however, issues related to multi-agency arrangements and programs for infants and toddlers will not be reviewed here. Within the general school-aged population, there are issues related to coordination of programs and resources within education (e.g., Title I, bilingual, etc.), the development of school-linked models, and third-party billing for services. The 1997 amendments address each of these issues.

Coordinating Educational Programs

New flexibility in the use of targeted Federal assistance has occurred amid efforts to increase coordination among educational programs such as Title I and special education. These efforts have been motivated by concerns over policy fragmentation (Moore et al., 1982; Verstegen, 1996) as well as research demonstrating the mixed effects of pull-out or resource programs (c.f. Allington & McGill-Franzen, 1989; Anderson & Pelicer, 1990; Kavale, 1990; Kavale & Glass, 1982). However, research has questioned whether blended educational funding serves the interest of the target populations. Some researchers suggest that blended funds can replace State and local aid over time or may become broader grants-in-aid (GAO, 1982; 1995; Levin, Zigmond, & Birch, 1983; Verstegen, 1996). Nonetheless, several provisions in the IDEA Amendments of 1997 provide for greater flexibility in use of Part B resources. These include a new authority to use a small portion of Federal funds within Title I schoolwide programs and the opportunity for LEAs to use special education resources that are used in accordance with an IEP to benefit non-special education students.

School-linked Services

Like the consolidation of educational programs, the issues of linking agencies and resources are motivated by desires to improve programs and reduce fragmentation in services and redundancies in funds. School-linked services models are comprehensive programs that attempt to improve educational outcomes of students at risk for learning and behavior problems as well as those already identified as requiring special education by addressing their multiple needs in a coordinated manner. An additional benefit is cost-sharing among agencies for providing services and coordinated planning and decision making.

School-linked service models have been developed in almost every State in an effort to provide necessary related services as well as to improve the quality of the overall special education programs (Morrill, 1992; Stroul,1993). Among school special education, the focus of many of these models has been primarily on students with emotional disturbance. The services emphasize linkages with mental health and the provision of "wrap-around" services designed to keep students in their homes and communities (Kutash & Duchnowski, 1997). Students with emotional disturbance have some of the more segregated placements, including high rates of placements (39.9 percent) in residential facilities (U.S. Department of Education, 1997). The goals of the school-linked service models are to maintain the student in the community, to promote family unity, to promote consistency of treatment and inclusion, and to reduce costs.

Often these models depend on a multi-agency agreement at the local level that commits a portion of program funds to the school-linked model. Some multi-agency efforts maintain separate funding streams but access funds through use of a case manager or other service providers who coordinate services. Usually, these individuals are jointly (multi-agency) supported or, in a very few models, are receiving core support from the State or local government (McInerney, Kane, & Pelavin, 1992). A number of funding sources can support school-linked service models. Farrow and Joe (1992) identified five major sources of Federal funding for social services and six sources for health services, including Medicaid. In addition, an array of State, county, and/or local program funds are used to support school-linked services.

Evaluations of school-linked service programs for at-risk populations have generally demonstrated moderate impacts on reducing dropout rates, increasing attendance, and improving some basic academic performance (Wang, Reynolds, & Walberg, 1995).

Cost Sharing

Congress never intended for education to bear the total costs of providing required noneducational services. The IDEA Amendments of 1997 address the SEA's payment obligations as well as add provisions designed to promote greater sharing of costs for mandated services as well as overall school improvement. For example, a new IDEA amendment requires the governor (or designee) of each State to establish an interagency agreement with other public agencies that are assigned responsibility to provide or pay for any services that are also considered special education or related services, including assistive technology devices, supplementary aids and services, and transition of services. Also at the State level, SEAs are allowed to use funds set aside for State-level activities in the amount of up to 1 percent of the total amount of the Part B State grant set-aside funds to supplement other Federal, State, and local funds for the development or implementation of a statewide coordinated services system designed to improve results for preschool and school-aged children and their families. Further, LEAs are allowed

to use not more than 5 percent of their Part B funds, in combination with amounts other than education funds, to develop and implement a coordinated services system. Such funds can be spent for (1) improving effectiveness and efficiency of service delivery; (2) service coordination and case management that facilitates the linkage of IEPs and IFSPs under multiple Federal and State programs; (3) developing and implementing health, mental health, and social services, including transition and related services; and (4) interagency personnel development for individuals working on coordinated services. An LEA can also use funds for a coordinated services project it is carrying out under Title XI of the Elementary and Secondary Education Act of 1965. While integrating multiple services for children with disabilities is not new (Part C has included such a provision since 1986), allowing the use of Part B funds for the purposes enumerated above marks an important change for providing needed services to preschool and school-aged children.

Supporting Full Family Participation in Children's Education

Parental involvement has been a critical component of educating students with disabilities. Parents are generally their childrens' first and best teachers and advocates. In their seminal article regarding the implementation of special education policy in Massachusetts, Weatherly and Lipsky (1977) reported that one of the major challenges for special education was creating the opportunities for meaningful parental involvement. To foster parents' involvement in their childrens' education, IDEA includes language specifically outlining parents' rights and responsibilities to participate in the evaluation and development of an education plan for their child with a disability.

Studies have found that parental involvement is positively related to student achievement as measured by academic outcomes and student behavior (c.f. Wagner, Blackorby, Cameto, & Newman 1993; U.S. Department of Education, 1993). Parental involvement in designing special education incorporates parents' involvement with their child at home with their involvement in school in both formal and informal ways. The vast majority of the research conducted on the relationship between parental involvement and achievement for students with disabilities has focused upon parents' involvement in the IEP process. Research has found that the IEP process has worked well for some parents but has been less positive for others (National Council on Disability, 1995). Among the barriers identified as limiting the effectiveness of parental involvement are low parent attendance, the limited amount of time allocated to IEP development, use of educational jargon by IEP team members, lack of parent knowledge of special education and, in turn, undervaluing parental input (McDonnell et al., 1997).

Recent changes in IDEA address some of the barriers that have at times limited parents' meaningful involvement in the development of their child's IEP. IDEA contains

language that explicitly expands upon parents' rights to be actively involved with the evaluation and placement process. Requiring States to ensure that parents are "members of any group that makes decisions on the education placement of their child" will hopefully ensure that their role shifts from merely signing off on IEPs to actively contributing to decisions regarding how their child will receive services. Parents play a key role in ensuring that schools fulfill their obligations stipulated in IDEA, and the new provisions in IDEA strengthen the emphasis upon parental involvement.

Resolving Disputes Through Mediation

Mediation has been practiced as an alternative to civil litigation since the late 1970s. Mediation is defined as a dispute resolution process in which an objective facilitator assists parties to "identify and discuss issues of mutual concern, explore solutions, and develop mutually acceptable agreements" (Schrag, 1996, p. 4). The search for alternative methods of dispute resolution has arisen out of growing concerns about the increasingly litigious nature of due process proceedings related to IDEA that have become adversarial, political, time consuming, and expensive (Suchey & Huefner, 1998; Zirkel, 1994; Boscardin, 1987). The 1997 amendments introduced language that encourages parents and schools to resolve special education due process complaints through mediation as opposed to expensive and time-consuming litigation. States must bear the expense of the mediation, which is voluntary and cannot be used to delay parents' due process rights. In addition, in contrast to a more traditional hearing officer who issues decisions and has the authority to enforce, a mediator's role is limited to recommending solutions that may be rejected by either parties involved (Suchey & Huefner, 1998).

Language explicitly requiring States to "ensure that procedures are established and implemented to allow dispute resolution through mediation" is new to IDEA. However, individual States have been using alternative dispute resolution techniques and specifically mediation systems to resolve special education disputes for more than 20 years (Ahearn, 1994; Schrag, 1996). A 1994 survey found that 39 of the 50 States had developed and implemented special education mediation procedures, with two additional States in the process of developing a mediation system (Ahearn, 1994). Yet, there are very little data available regarding the number of special education mediations conducted in any given year. The lack of data may be attributable to the decentralized nature of mediation and the fact that a great deal of "informal mediation" occurs at the school level in the process of making decisions regarding special education (Ahearn, 1994).

A recent study of complaint procedures found that when States ranked alternative complaint procedures, the majority of the State-level complaint managers responding (35 of 50 responded to the survey) reportedly preferred mediation over other forms of alternative resolution such as the State complaint process or the hearing process in

terms of cost, effectiveness, parental satisfaction, and LEA satisfaction (Suchey & Huefner, 1998). Research conducted on mediation in general finds it preferable to due process hearings in terms of timeliness, cost, and ability to facilitate communication between parents and educators (Ahearn, 1994). In addition, states report a high rate of resolution of disputes through mediation (Schrag, 1996). Finally, mediation may potentially help less affluent parents access a means to introduce and resolve conflict that previously would not have been available through a formal hearing due to limited knowledge of the system and means to hire an attorney.

Concerns about mediation raised over the past 30 years include questions about objectivity of mediators employed by SEAs, the reality that mediation is frequently introduced after a relationship has deteriorated, and that mediation may potentially subvert individual legal rights. In addition, mediation may not be the best alternative for all conflicts. A 1995 study identified specific circumstances where mediation may not be appropriate: legal interpretation of IDEA is necessary, a parent wants the district to make a personnel change, one of the parties is unwilling to participate in mediation, and one of the parties may be unable to benefit from mediation due to personal circumstances such as a disability or an individual's diminished capacity (Schrag, 1996).

Issues that should be taken into consideration when developing State-level mediation systems will include how States select and pay mediators to avoid potential conflicts of interest, involvement of attorneys in mediation sessions, ongoing training of mediators, and procedures to maintain a balance of power between the district and parents in mediation to ensure that mediation procedures are fair (Schrag, 1996). In addition, research suggests that mediation efforts should be initiated as soon as conflicts arise, and evaluation systems are needed to track utilization of mediation and measure the effectiveness and impact of mediation on special education due process complaints.

Summary

This module has highlighted some current thinking within nine specific issues that have been identified by Congress as requiring specific attention as part of a national assessment of the status of the implementation of IDEA. As noted in the introduction, many of the issues have both an extensive implementation history as well as a significant knowledge base. In other areas, we know little about the impact of IDEA.

While this module could not do justice to the breadth of the relevant research and policy literature, it does point to some of the critical indicators that should be considered for evaluation. For example, the nature and intensity of supports provided to assist students with disabilities to access both general education environments and curriculum are clearly evident in the research literature as substantial contributors to achieving effective access. Similarly, the importance of interagency collaboration as well

as coordination across educational programs are documented features of successful transition processes as well as positive approaches to dealing with behavior problems of students with disabilities.

A national assessment of IDEA should be conducted within the context of what is known about effective policies and practices in implementing key provisions of the law and the degree to which these proven policies and practices are evident in States, local districts, and schools.

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STATE IMPROVEMENT AND MONITORING

The Individuals with Disabilities Education Act (IDEA) directs the Department of Education to assess the impact and effectiveness of State and local efforts to provide a free appropriate public education to children and youth with disabilities. The Office of Special Education Programs (OSEP), a component of the Office of Special Education and Rehabilitative Services (OSERS), assists State education agencies (SEAs) and local education agencies (LEAs) in implementing Federal special education mandates by making grants according to congressional appropriations and providing technical assistance, policy support, and monitoring oversight.

OSEP works in partnership with States, school districts, school administrators and teachers, institutions of higher education, students with disabilities and their families, advocacy groups, and other stakeholders to ensure positive educational results for students with disabilities. OSEP uses research, dissemination, demonstration, systems change, and other technical assistance strategies to provide State and local education agencies with tools to assist them in improving teaching and learning.

OSEP has been working with States, parents, and other advocates to shape its accountability work in a way that drives and supports improved results for children and youth with disabilities without sacrificing any effectiveness in ensuring that the individual rights of those children and their families are protected. To ensure compliance that supports strong results for people with disabilities, OSEP's process includes the following:

- providing technical assistance to States on an ongoing basis regarding legal requirements and best practice strategies for ensuring compliance in a manner that ensures continuous progress;
- reviewing each State's statutes and regulations and other policy and technical assistance documents and documentation of the State's exercise of its general supervision responsibilities, including monitoring and complaint resolution;
- conducting site visits and other activities to ensure *implementation* of policies and procedures that are consistent with the requirements of IDEA and that support reform and strong results;
- ensuring correction of noncompliance in a manner that supports improved results and reform; and

- maintaining ongoing communication with States, national and State organizations, parents and advocates, and other constituents.

Based in large part on Congress' findings, as set forth in the IDEA Amendments of 1997, and the results of the National Longitudinal Transition Study,[1] OSEP has found that the requirements with the strongest links to improved educational results for students with disabilities include those addressing:

- involvement and progress of students with disabilities in the full range of curricula and programs available to nondisabled children (and the supports, services, and modifications that children with disabilities need to learn effectively in those curricula and programs, as determined through the development of an individualized education program (IEP)), including general curricula and vocational education and work-experience programs;

- the participation of children with disabilities in state- and districtwide assessments of student achievement;

- the provision of transition services to enable students with disabilities to move effectively from school to postschool independence and achievement;

- educating children with disabilities with nondisabled children to the maximum extent appropriate; and

- parent, student, and regular education personnel participation in the development and implementation of educational programs for children with disabilities.

Indeed, based on more than 20 years of research and experience since the 1975 enactment of IDEA's predecessor, P.L. 94-142, Congress, in the IDEA Amendments of 1997, greatly strengthened IDEA's emphasis on all of these critical components of effective education for students with disabilities.

Because each State has general supervisory responsibility for all educational programs for its children with disabilities, OSEP focuses its monitoring activities on each State's systems for ensuring that all public agencies comply with the requirements of Part B,

[1] The National Longitudinal Transition Study identified several factors as strong predictors of postschool success in living independently, obtaining employment, and earning higher wages for youth with disabilities, including high school completion, participation in regular education with appropriate supplementary aids and services, and access to secondary vocational education, including work experience.

including those emphasized above, in providing services to students with disabilities. These systems include the State's procedures for monitoring public agencies to determine compliance with Part B requirements as they apply to students with disabilities--including students placed by public agencies in private schools or facilities--and ensuring that public agencies correct any deficiencies; the State's complaint management and due process hearing systems; and its procedures for ensuring that special education programs administered by State agencies other than the SEA meet State standards and Part B requirements.

In working with States to ensure compliance and improved results for students with disabilities, OSEP emphasizes partnerships and technical assistance, together with a strong accountability system. OSEP works with States, Regional Resource Centers, and others to identify systemic strengths and weaknesses and to develop strategies for systemic reform and improvement. OSEP also provides and brokers technical assistance to States on an ongoing basis regarding legal requirements and best practice strategies for ensuring compliance in a manner that ensures continuous progress in educational results for students with disabilities. OSEP uses these strategies for State improvement in conjunction with a multifaceted compliance review process that includes review and approval of State plans, onsite compliance reviews, procedures to ensure the effective and timely implementation of corrective action plans, and discretionary review of final State decisions on Part B complaints.

With the majority of the requirements of the IDEA Amendments of 1997 becoming effective with the President's signature on June 4, 1997, OSEP focused its monitoring efforts during the first half of the 1997-98 school year on working with a broad spectrum of stakeholders to ensure timely implementation of the new requirements in a manner which would support improved results for students and educational reform. Between August 1997 and January 1998, OSEP staff participated in implementation planning meetings in 49 States, Puerto Rico, the Virgin Islands, and the Bureau of Indian Affairs. These meetings included a broad array of stakeholders, including parents and representatives of advocacy groups, special and general education teachers and administrators, personnel from institutions of higher education, and representatives of the SEA and other State agencies. (See table IV-8 for the schedule of these visits.) OSEP staff also met in Hawaii with representatives from Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands; these representatives returned to their respective entities and in turn conducted implementation meetings with a wide spectrum of stakeholders to develop an implementation plan.

These implementation meetings resulted in a plan for each State that presents a comprehensive approach to the implementation of, and compliance with, the IDEA Amendments of 1997 and focuses on State systems for addressing the requirements of the amendments. Each plan reflects the unique needs and resources of the State and the administrative structure of State and local agencies. The plans integrate the State's

proposals for making statutory and regulatory changes, conducting comprehensive training and technical assistance, monitoring compliance, and establishing LEA eligibility for Part B funding. In addition, many States focused on aligning their IDEA Amendments of 1997 implementation plan with their State's standards-based reform and accountability initiatives. During the 1997-98 school year, OSEP also conducted monitoring reviews of the implementation of Part C (previously Part H) of IDEA in Mississippi, California, and Illinois.

The success of the implementation planning process described above underscores the importance of building on the perspectives and resources of all stakeholders in designing and implementing an accountability system that would drive improved results for children and youth with disabilities. OSEP is only one partner with responsibility for results-based accountability, and in order to maximize the impact of all partners, it is important to understand the role of those partners and to focus on the requirements with the strongest links to improved results.

In February 1998, OSEP hosted a working meeting with representatives from diverse stakeholder groups, including State directors of special education, Parent Training and Information Centers, Regional Resource Centers, and parent and student advocacy groups. OSEP staff asked the participating stakeholders to help develop a vision for compliance with results-oriented requirements and to develop monitoring strategies to determine the level at which the requirements have been implemented. Finally, OSEP staff asked the participants to propose a monitoring system that would incorporate these results-oriented monitoring strategies. The input from this very productive stakeholder meeting was used in the design of OSEP's Continuous Improvement Monitoring Process, which is built around a number of critical themes:

- ***Continuity.*** An effective accountability system must be continuous rather than episodic, be clearly linked to systemic change, and integrate self-assessment and continuous feedback and response.

- ***Partnership with stakeholders.*** OSEP should be a partner with parents, students, State and local educational agencies, and other Federal agencies, in a collaborative process in which stakeholders are part of the entire process, including setting of goals and benchmarks; the collection and analysis of self-assessment data; the identification of critical issues and solutions to problems; and the development, implementation, and oversight of improvement strategies to ensure compliance and improved results for children and youth with disabilities.

- ***State accountability.*** States will assume accountability for measuring and reporting progress, identifying weakness, and identifying and implementing strategies for improvement.

- ***Self-assessment.*** Each State will work with stakeholders to design and implement an ongoing self-assessment process that is focused on improving results for children and youth with disabilities and that facilitates continuous feedback and use of information to support ongoing improvement. OSEP will periodically visit programs in each State to verify the self-assessment.

- ***Data driven.*** The continuous improvement monitoring process in each State will be driven by data that focus on improved results for children and youth with disabilities. On an ongoing basis, each State will collect and use data that are aligned with the State's performance goals and indicators. OSEP will review these data regularly. OSEP and the States will also compare data across States and school districts to identify needs and strategies for improvement. Some of the available data which will be critical to the self-assessment and validation process include graduation and dropout rates, performance data for students with disabilities taking state- and districtwide assessments, suspension and expulsion rates for children and youth with disabilities, and information on identification and placement of students from racial/ethnic minority backgrounds.

- ***Public process.*** It is important that the self-assessment and monitoring process be public. Information from self-assessments, monitoring reports, and correction/improvement plans should be widely disseminated.

- ***Technical assistance.*** Because the monitoring process focuses on continuous improvement, technical assistance is a critical component of the process. Therefore, OSEP will make technical assistance a priority of its onsite work in each State. States will be encouraged to include a technical assistance plan as part of their correction/improvement plan and to use the Regional Resource Centers and NECTAS to provide and broker technical assistance throughout the improvement process. The identification and dissemination of promising practices will be a key component of the technical assistance process.

OSEP customizes its continuous improvement monitoring process to meet the individual needs of each State. In States where there is evidence of substantial compliance with IDEA requirements, OSEP's efforts focus on the identification and implementation of promising practices. OSEP works with States that are not demonstrating compliance to develop a plan for corrective actions. States that fail to correct identified deficiencies may be subject to enforcement actions such as special conditions on grant awards, a compliance agreement, or withholding of funds.

The continuous improvement monitoring cycle consists of the following phases:

- ***Self-assessment.*** The State works with a steering committee of stakeholders, representing diverse perspectives, to develop and implement a self-assessment to determine how successful the State has been in achieving compliance and in improving results for children and youth with disabilities and their families.

- ***Validation planning.*** The steering committee works with OSEP staff to plan strategies for validating the self-assessment results, including, if appropriate, onsite collection of data. The validation planning stage includes meetings to obtain focused public input, review of the self-assessment, and the development of a monitoring plan, which may include both offsite and onsite strategies.

- ***Validation data collection.*** OSEP collects validation data, presents those data to the steering committee in a structured exit conference, and works with the steering committee to plan the reporting and public awareness processes. All 1998-99 reviews will include data collection at both the State and local levels.

- ***Improvement planning.*** Based on the self-assessment and validation results, the steering committee develops an improvement plan that addresses both compliance and improvement of results for children and youth with disabilities and that includes timelines, benchmarks, and verification of improvement. OSEP encourages States to include their Regional Resource Center and/or NECTAS in the development of the improvement plan, in order to effectively include technical assistance in the planning and implementation of the improvement plan.

- ***Implementation of improvement strategies.*** The State implements and evaluates the effectiveness of the improvement plan.

- ***Verification and consequences.*** Based on documentation received from the State and the steering committee, OSEP verifies the actions' effectiveness in implementing the improvement plan. Where the State has been effective in achieving verifiable improvement, positive consequences may include public recognition. If a State does not implement the improvement plan or if implementation is not effective, OSEP may need to impose sanctions. These may include OSEP's prescription of corrective actions, a compliance agreement, or other enforcement actions.

- ***Review and revision of self-assessment.*** Based on the results of the previous improvement planning cycle, the SEA, in partnership with the steering committee, reviews, and, as appropriate, revises the self-assessment.

During the 1998-99 school year, OSEP focused its continuous improvement monitoring process on the following cluster areas:

PART B	PART C
Free Appropriate Public Education in the Least Restrictive Environment	Child Find and Public Awareness
Parental Involvement	Early Childhood Transition
Secondary Transition	Early Intervention Services in the Natural Environment
General Supervision	Family Centered Services
	General Supervision

For each of these cluster areas, OSEP has identified one or more components that OSEP uses (and that steering committees may choose to use) as a basis for reviewing the State's performance through examination of State and local indicators.

The self-assessment and monitoring process incorporates use of the cluster areas through the following steps:

- Identifying indicators for measuring progress in the implementation of IDEA;
- Identifying potential data sources and gathering data pertinent to the indicators;
- Analyzing the data to determine the positive and negative differences between the indicators as stated and their status at the time of evaluation; and
- Identifying promising practices and developing improvement and maintenance strategies.

The schedule for the 1998-99 continuous improvement monitoring visits is shown in table IV-9.

Table IV-8
Schedule of the IDEA Amendments of 1997 Implementation Planning Visits

Montana (August 1997)	Minnesota (October 1997)	California (December 1997)
Kansas (September 1997)	Pennsylvania (October 1997)	Louisiana (December 1997)
Kentucky (September 1997)	Maine (October 1997)	Massachusetts (December 1997)
Michigan (September 1997)	New Hampshire (October 1997)	Missouri (December 1997)
North Dakota (September 1997)	Alabama (November 1997)	Maryland (December 1997)
Oregon (September 1997)	New Mexico (November 1997)	New York (December 1997)
Wisconsin (September 1997)	Ohio (November 1997)	New Jersey (December 1997)
Hawaii (September 1997)	Colorado (November 1997)	Oklahoma (December 1997)
West Virginia (October 1997)	North Carolina (November 1997)	Virginia (January 1998)
Illinois (October 1997)	Delaware (November 1997)	Mississippi (January 1998)
Indiana (October 1997)	Wyoming (November 1997)	Connecticut (January 1998)
Alaska (October 1997)	Washington (November 1997)	Puerto Rico (January 1998)
Vermont (October 1997)	Tennessee (December 1997)	Rhode Island (January 1998)
Arkansas (October 1997)	Nevada (December 1997)	Georgia (January 1998)
Iowa (October 1997)	Virgin Islands (December 1997)	Arizona (January 1998)
South Carolina (October 1997)	South Dakota (December 1997)	Florida (January 1998)
Nebraska (October 1997)	Idaho (December 1997)	Bureau of Indian Affairs (January 1998)
Utah (October 1997)		

Source: U.S. Department of Education, Office of Special Education Programs, Division of Monitoring and State Improvement Planning.

Table IV-9
Schedule of 1998-99 Continuous Improvement Monitoring Visits

North Dakota August/September 1998	Utah October/December 1998	New York February/April 1999
Nebraska August/October 1998	Arizona October 1998/January 1999	Montana March/April 1999
Washington August/October 1998	Wisconsin November 1998/February 1999	South Dakota March/May 1999
New Mexico October/December 1998	Massachusetts November 1998/February 1999	Bureau of Indian Affairs (Data collected during North Dakota, New Mexico, and South Dakota visits)

Source: U.S. Department of Education, Office of Special Education Programs, Division of Monitoring and State Improvement Planning.

Data Tables

Part B Data Tables
Population Tables
State Grants
Part C Data Tables
Data Notes

Table AA1

Number of Children Served Under IDEA, Part B by Age Group

During the 1997-98 School Year

STATE	AGE GROUP					
	3-5	6-11	12-17	6-17	18-21	3-21
ALABAMA	8,195	44,153	41,486	85,639	5,386	99,220
ALASKA	1,839	8,427	6,846	15,273	732	17,844
ARIZONA	8,571	40,156	31,857	72,013	3,227	83,811
ARKANSAS	8,368	22,673	23,692	46,365	2,505	57,238
CALIFORNIA	57,511	283,289	240,573	523,862	23,447	604,820
COLORADO	7,509	31,945	30,545	62,490	3,244	73,243
CONNECTICUT	7,459	33,471	32,587	66,058	3,474	76,991
DELAWARE	1,619	8,021	5,822	13,843	716	16,178
DISTRICT OF COLUMBIA	384	3,021	3,710	6,731	561	7,676
FLORIDA	27,747	162,528	130,960	293,488	13,661	334,896
GEORGIA	14,331	75,277	53,620	128,897	4,450	147,678
HAWAII	1,560	8,524	7,844	16,368	562	18,490
IDAHO	3,399	12,323	9,684	22,007	817	26,223
ILLINOIS	27,209	127,572	111,252	238,824	11,369	277,402
INDIANA	13,234	69,292	53,935	123,227	6,357	142,818
IOWA	5,907	29,883	30,560	60,443	3,377	69,727
KANSAS	6,629	25,230	22,351	47,581	2,446	56,656
KENTUCKY	14,998	38,955	29,099	68,054	3,188	86,240
LOUISIANA	9,554	39,414	40,289	79,703	4,987	94,244
MAINE	3,676	14,697	13,840	28,537	1,549	33,762
MARYLAND	9,646	51,116	44,283	95,399	4,039	109,084
MASSACHUSETTS	15,116	70,951	69,298	140,249	8,115	163,480
MICHIGAN	18,877	91,520	79,849	171,369	10,209	200,455
MINNESOTA	11,111	45,491	43,251	88,742	4,224	104,077
MISSISSIPPI	5,994	28,384	26,442	54,826	2,772	63,592
MISSOURI	9,530	59,145	54,591	113,736	5,809	129,075
MONTANA	1,719	8,450	7,746	16,196	820	18,735
NEBRASKA	3,617	19,500	16,530	36,030	1,661	41,308
NEVADA	3,345	14,838	12,587	27,425	989	31,759
NEW HAMPSHIRE	2,251	11,324	12,027	23,351	1,325	26,927
NEW JERSEY	16,874	99,851	80,160	180,011	9,208	206,093
NEW MEXICO	4,943	21,295	22,052	43,347	2,002	50,292
NEW YORK	49,628	173,801	175,124	348,925	24,077	422,630
NORTH CAROLINA	16,977	80,234	57,466	137,700	4,928	159,605
NORTH DAKOTA	1,164	5,759	5,313	11,072	666	12,902
OHIO	18,666	101,495	94,426	195,921	13,033	227,620
OKLAHOMA	5,645	35,184	32,922	68,106	3,629	77,380
OREGON	5,965	32,777	26,021	58,798	2,548	67,311
PENNSYLVANIA	21,106	96,614	93,871	190,485	12,180	223,771
PUERTO RICO	5,255	21,636	20,657	42,293	3,173	50,721
RHODE ISLAND	2,559	12,744	10,883	23,627	1,344	27,530
SOUTH CAROLINA	10,931	48,171	32,807	80,978	3,245	95,154
SOUTH DAKOTA	2,168	7,420	5,124	12,544	701	15,413
TENNESSEE	10,238	58,698	53,950	112,648	6,429	129,315
TEXAS	34,398	209,014	210,198	419,212	24,129	477,739
UTAH	5,327	25,839	21,260	47,099	2,227	54,653
VERMONT	1,241	4,950	5,486	10,436	564	12,241
VIRGINIA	13,818	67,170	61,245	128,415	6,487	148,720
WASHINGTON	12,001	51,730	42,211	93,941	4,594	110,536
WEST VIRGINIA	5,174	22,433	18,703	41,136	2,346	48,656
WISCONSIN	13,707	48,286	46,396	94,682	5,345	113,734
WYOMING	1,569	5,855	5,061	10,916	592	13,077
AMERICAN SAMOA	79	186	196	382	12	473
GUAM	167	774	863	1,637	171	1,975
NORTHERN MARIANAS	52	154	151	305	25	382
PALAU	3	45	46	91	5	99
VIRGIN ISLANDS	213	760	928	1,688	145	2,046
BUR. OF INDIAN AFFAIRS	276	4,409	3,511	7,920	428	8,624
U.S. AND OUTLYING AREAS	571,049	2,716,854	2,414,187	5,131,041	270,251	5,972,341
50 STATES, D.C. & P.R.	570,259	2,710,526	2,408,492	5,119,018	269,465	5,958,742

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1997 count, updated as of September 1, 1998.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA6

Number of Children Served Under IDEA, Part B by Disability and Age

During the 1997-98 School Year

DISABILITY	3 YEARS OLD	4 YEARS OLD	5 YEARS OLD	6 YEARS OLD	7 YEARS OLD	8 YEARS OLD	9 YEARS OLD
SPECIFIC LEARNING DISABILITIES	.	.	.	38,578	94,575	170,943	240,025
SPEECH OR LANGUAGE IMPAIRMENTS	.	.	.	214,083	218,485	188,367	147,482
MENTAL RETARDATION	.	.	.	23,075	32,538	40,523	45,692
EMOTIONAL DISTURBANCE	.	.	.	9,376	16,468	23,907	30,095
MULTIPLE DISABILITIES	.	.	.	9,374	8,828	8,460	8,703
HEARING IMPAIRMENTS	.	.	.	4,445	5,108	5,724	5,846
ORTHOPEDIC IMPAIRMENTS	.	.	.	5,944	6,035	6,148	5,993
OTHER HEALTH IMPAIRMENTS	.	.	.	9,381	12,849	16,959	19,226
VISUAL IMPAIRMENTS	.	.	.	1,646	2,055	2,057	2,104
AUTISM	.	.	.	5,900	5,386	4,666	4,275
DEAF-BLINDNESS	.	.	.	87	101	104	86
TRAUMATIC BRAIN INJURY	.	.	.	476	608	772	844
DEVELOPMENTAL DELAY	.	.	.	1,317	409	138	80
ALL DISABILITIES	115,175	197,782	258,092	323,682	403,445	468,768	510,451

DISABILITY	10 YEARS OLD	11 YEARS OLD	12 YEARS OLD	13 YEARS OLD	14 YEARS OLD	15 YEARS OLD	16 YEARS OLD
SPECIFIC LEARNING DISABILITIES	277,645	292,561	294,357	281,401	267,269	250,595	221,417
SPEECH OR LANGUAGE IMPAIRMENTS	104,913	69,400	42,836	28,117	18,773	13,367	9,656
MENTAL RETARDATION	48,211	50,542	52,171	51,493	51,670	51,543	47,610
EMOTIONAL DISTURBANCE	34,847	39,351	43,625	46,520	49,507	51,667	47,182
MULTIPLE DISABILITIES	8,290	8,275	7,641	7,256	6,950	7,036	6,843
HEARING IMPAIRMENTS	6,106	6,025	5,744	5,471	5,390	5,276	5,041
ORTHOPEDIC IMPAIRMENTS	5,820	5,768	5,473	5,121	4,706	4,565	4,110
OTHER HEALTH IMPAIRMENTS	19,935	19,471	17,800	16,577	15,199	14,186	12,520
VISUAL IMPAIRMENTS	2,121	2,119	2,044	2,074	2,064	2,101	1,927
AUTISM	3,678	3,418	2,796	2,332	2,182	1,897	1,623
DEAF-BLINDNESS	91	96	118	98	123	110	108
TRAUMATIC BRAIN INJURY	865	960	996	966	989	1,018	1,000
DEVELOPMENTAL DELAY	.	.	.	.	.	.	.
ALL DISABILITIES	512,522	497,986	475,601	447,426	424,822	403,361	359,037

DISABILITY	17 YEARS OLD	18 YEARS OLD	19 YEARS OLD	20 YEARS OLD	21 YEARS OLD	22 YEARS OLD
SPECIFIC LEARNING DISABILITIES	187,231	107,914	24,571	5,359	1,605	142
SPEECH OR LANGUAGE IMPAIRMENTS	7,062	3,367	881	292	100	26
MENTAL RETARDATION	43,288	32,637	16,431	10,643	5,341	2,039
EMOTIONAL DISTURBANCE	36,984	17,653	5,218	2,028	766	97
MULTIPLE DISABILITIES	6,170	5,087	3,724	2,992	1,605	428
HEARING IMPAIRMENTS	4,790	3,009	1,105	449	143	24
ORTHOPEDIC IMPAIRMENTS	3,540	2,264	1,029	611	375	105
OTHER HEALTH IMPAIRMENTS	10,439	4,763	1,247	431	170	17
VISUAL IMPAIRMENTS	1,844	1,111	446	253	104	27
AUTISM	1,392	1,172	822	616	356	209
DEAF-BLINDNESS	122	73	65	52	29	5
TRAUMATIC BRAIN INJURY	1,078	730	339	192	81	5
DEVELOPMENTAL DELAY	.	.	.	.	.	.
ALL DISABILITIES	303,940	179,780	55,878	23,918	10,675	3,124

Please see data notes for an explanation of individual State differences.

Developmental Delay is applicable only to children 3 through 9.

Data based on the December 1, 1997 count, updated as of September 1, 1998.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA7

Number of Children Served Under IDEA, Part B by Age

During the 1997-98 School Year

ALL DISABILITIES

STATE	3 YEARS OLD	4 YEARS OLD	5 YEARS OLD	6 YEARS OLD	7 YEARS OLD	8 YEARS OLD
ALABAMA	1,159	2,318	4,718	5,786	6,891	7,513
ALASKA	360	651	828	978	1,288	1,553
ARIZONA	1,730	3,108	3,733	4,398	5,603	6,866
ARKANSAS	2,051	3,546	2,771	3,005	3,522	3,793
CALIFORNIA	12,103	21,473	23,935	29,805	40,544	48,835
COLORADO	1,549	2,787	3,173	3,530	4,620	5,313
CONNECTICUT	1,814	2,743	2,902	3,490	4,643	5,680
DELAWARE	321	560	738	1,097	1,297	1,497
DISTRICT OF COLUMBIA	84	176	124	227	341	473
FLORIDA	5,184	8,610	13,953	19,111	25,053	28,282
GEORGIA	2,314	4,775	7,242	10,013	11,909	13,092
HAWAII	271	488	801	946	1,241	1,472
IDAHO	791	1,249	1,359	1,524	1,928	2,211
ILLINOIS	4,928	8,992	13,289	16,161	20,134	22,751
INDIANA	2,548	4,346	6,340	8,936	11,413	13,102
IOWA	1,167	1,954	2,786	3,297	4,185	5,190
KANSAS	1,424	2,268	2,937	2,970	3,533	4,526
KENTUCKY	2,981	5,744	6,273	6,088	6,228	6,308
LOUISIANA	1,597	3,220	4,737	5,505	6,281	6,650
MAINE	817	1,469	1,390	1,692	2,074	2,462
MARYLAND	1,681	3,276	4,689	5,936	7,100	8,721
MASSACHUSETTS	3,473	5,921	5,722	7,768	10,443	12,483
MICHIGAN	3,940	6,294	8,643	10,756	13,388	15,921
MINNESOTA	2,548	3,993	4,570	5,183	6,322	7,698
MISSISSIPPI	711	1,683	3,600	4,992	5,172	4,791
MISSOURI	1,827	3,371	4,332	5,568	8,211	10,416
MONTANA	292	570	857	1,012	1,334	1,459
NEBRASKA	888	1,235	1,494	2,051	2,760	3,491
NEVADA	691	1,253	1,401	1,621	2,000	2,628
NEW HAMPSHIRE	472	777	1,002	1,006	1,434	1,868
NEW JERSEY	2,843	4,131	9,900	14,437	17,836	18,160
NEW MEXICO	1,116	1,929	1,898	2,150	2,914	3,483
NEW YORK	14,015	19,802	15,811	20,613	21,111	27,606
NORTH CAROLINA	2,873	5,570	8,534	10,675	12,787	14,037
NORTH DAKOTA	179	426	559	769	881	981
OHIO	3,463	5,719	9,484	11,675	15,340	17,872
OKLAHOMA	988	1,847	2,810	3,869	5,042	6,167
OREGON	1,433	2,195	2,337	3,062	4,346	5,862
PENNSYLVANIA	4,882	7,891	8,333	9,993	13,775	17,240
PUERTO RICO	994	1,973	2,288	2,598	3,319	3,593
RHODE ISLAND	473	837	1,249	1,561	1,948	2,250
SOUTH CAROLINA	1,412	3,477	6,042	7,136	8,251	8,720
SOUTH DAKOTA	407	738	1,023	1,093	1,242	1,419
TENNESSEE	1,453	2,944	5,841	7,970	9,386	10,334
TEXAS	6,188	11,165	17,045	22,108	28,713	33,845
UTAH	1,233	1,989	2,105	2,950	4,198	4,766
VERMONT	254	479	508	493	657	803
VIRGINIA	2,828	4,472	6,518	8,664	10,291	11,171
WASHINGTON	2,315	4,088	5,598	5,924	7,497	9,322
WEST VIRGINIA	843	1,588	2,743	3,195	3,752	4,021
WISCONSIN	2,706	4,889	6,112	6,804	7,479	8,052
WYOMING	422	593	554	696	927	1,020
AMERICAN SAMOA	31	38	10	12	20	32
GUAM	48	53	66	63	61	125
NORTHERN MARIANAS	7	23	22	13	17	16
PALAU	0	0	3	2	1	4
VIRGIN ISLANDS	53	76	84	112	110	104
BUR. OF INDIAN AFFAIRS	0	0	276	593	652	718
U.S. AND OUTLYING AREAS	115,175	197,782	258,092	323,682	403,445	468,768
50 STATES, D.C. & P.R.	115,036	197,592	257,631	322,887	402,584	467,769

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1997 count, updated as of September 1, 1998.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA10

Percentage (Based on Estimated Resident Population) of Children Served Under IDEA, Part B by Age Group, During the 1997-98 School Year

ALL DISABILITIES

STATE	AGE GROUP 3-5	6-17	18-21	3-17	3-21
ALABAMA	4.57	11.93	2.10	10.46	8.60
ALASKA	5.92	11.91	1.79	10.75	8.92
ARIZONA	3.84	8.68	1.29	7.65	6.43
ARKANSAS	7.84	10.31	1.70	9.84	8.13
CALIFORNIA	3.46	9.16	1.33	7.87	6.62
COLORADO	4.52	9.12	1.50	8.22	6.85
CONNECTICUT	5.56	12.47	2.31	11.08	9.46
DELAWARE	5.36	11.74	1.88	10.44	8.69
DISTRICT OF COLUMBIA	1.82	10.07	2.43	8.09	6.91
FLORIDA	4.70	12.65	2.00	11.04	9.32
GEORGIA	4.24	9.80	1.04	8.66	7.10
HAWAII	2.84	8.37	0.81	7.16	5.78
IDAHO	6.10	9.14	0.97	8.57	6.89
ILLINOIS	4.89	11.46	1.77	10.08	8.45
INDIANA	5.33	12.25	1.88	10.88	8.96
IOWA	5.22	12.02	2.03	10.77	8.91
KANSAS	6.07	10.09	1.59	9.33	7.72
KENTUCKY	9.55	10.45	1.34	10.28	8.25
LOUISIANA	4.93	9.83	1.75	8.88	7.31
MAINE	8.22	13.46	2.37	12.54	10.48
MARYLAND	4.47	11.26	1.62	9.88	8.31
MASSACHUSETTS	6.09	14.50	2.83	12.78	10.88
MICHIGAN	4.63	10.01	1.87	8.98	7.52
MINNESOTA	5.69	10.22	1.63	9.39	7.87
MISSISSIPPI	4.82	10.77	1.55	9.60	7.83
MISSOURI	4.19	11.83	1.94	10.37	8.68
MONTANA	5.02	9.91	1.52	9.07	7.45
NEBRASKA	5.22	11.74	1.68	10.54	8.69
NEVADA	4.33	9.55	1.22	8.44	7.13
NEW HAMPSHIRE	4.82	11.32	2.38	10.12	8.73
NEW JERSEY	4.84	13.73	2.37	11.86	10.06
NEW MEXICO	5.96	12.86	1.90	11.50	9.57
NEW YORK	6.14	11.75	2.61	10.55	8.99
NORTH CAROLINA	5.31	11.06	1.22	9.88	8.11
NORTH DAKOTA	4.70	9.53	1.63	8.68	7.10
OHIO	4.03	10.14	2.10	8.96	7.55
OKLAHOMA	4.04	11.27	1.83	9.92	8.22
OREGON	4.64	10.61	1.43	9.48	7.81
PENNSYLVANIA	4.52	9.69	2.01	8.70	7.36
PUERTO RICO	2.73	5.55	1.14	4.98	4.12
RHODE ISLAND	6.60	14.92	2.78	13.28	11.21
SOUTH CAROLINA	6.86	12.52	1.47	11.40	9.27
SOUTH DAKOTA	7.18	9.12	1.47	8.77	7.16
TENNESSEE	4.61	12.70	2.16	11.08	9.19
TEXAS	3.57	11.50	2.06	9.84	8.26
UTAH	4.73	10.35	1.30	9.24	7.39
VERMONT	5.58	10.10	1.83	9.30	7.83
VIRGINIA	4.96	11.70	1.74	10.34	8.50
WASHINGTON	5.04	9.52	1.47	8.65	7.19
WEST VIRGINIA	7.96	14.39	2.13	13.20	10.56
WISCONSIN	6.55	10.08	1.82	9.43	7.88
WYOMING	8.12	11.60	1.85	11.01	8.99
AMERICAN SAMOA	1.38	2.31	0.28	2.07	1.78
GUAM	1.42	5.06	2.13	4.09	3.79
NORTHERN MARIANAS	1.38	3.00	0.62	2.56	2.12
PALAU	0.28	2.56	0.46	2.04	1.73
VIRGIN ISLANDS	3.04	6.92	1.80	6.05	5.18
BUR. OF INDIAN AFFAIRS	.	.	.	.	.
50 STATES AND D.C.	4.79	10.95	1.81	9.70	8.11

Please see data notes for an explanation of individual State differences.
Population figures are July estimates from the Bureau of the Census.
Population data for Puerto Rico and Outlying Areas are projections from the Bureau of the Census, International Programs Center. These projections adjust the 1990 Census annually based on the previous year's births and deaths.
Data based on the December 1, 1997 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AA14

Number of Children Served Under IDEA by Disability and Age Group During the 1988-89 Through 1997-98 School Years

Age Groups 0-2, 3-5

	1988-89	1989-90	1990-91	1991-92	1992-93
AGE GROUP 0-2	34,270	37,014	50,924	145,313	145,179
AGE GROUP 3-5	360,281	385,587	394,766	420,403	455,449

Age Groups 6-11

DISABILITY	1988-89	1989-90	1990-91	1991-92	1992-93
SPECIFIC LEARNING DISABILITIES	850,907	881,858	922,444	960,876	997,580
SPEECH OR LANGUAGE IMPAIRMENTS	853,599	863,302	875,618	882,392	888,935
MENTAL RETARDATION	216,428	216,136	214,884	218,247	209,487
EMOTIONAL DISTURBANCE	134,661	137,405	140,172	141,708	137,269
MULTIPLE DISABILITIES	42,151	43,966	50,595	50,124	52,472
HEARING IMPAIRMENTS	28,022	28,397	29,013	29,780	29,363
ORTHOPEDIC IMPAIRMENTS	24,520	25,491	26,457	27,773	29,138
OTHER HEALTH IMPAIRMENTS	23,949	25,955	28,297	29,292	33,487
VISUAL IMPAIRMENTS	10,623	10,956	11,347	11,635	11,210
AUTISM	.	.	.	3,046	8,914
DEAF-BLINDNESS	647	684	651	608	554
TRAUMATIC BRAIN INJURY	.	.	.	79	1,507
DEVELOPMENTAL DELAY	.	.	.	.	.
ALL DISABILITIES	2,185,507	2,234,150	2,299,478	2,355,560	2,399,916

Age Groups 12-17

DISABILITY	1988-89	1989-90	1990-91	1991-92	1992-93
SPECIFIC LEARNING DISABILITIES	1,042,348	1,073,453	1,115,445	1,176,035	1,252,188
SPEECH OR LANGUAGE IMPAIRMENTS	105,969	106,604	108,144	112,136	104,904
MENTAL RETARDATION	281,861	271,228	264,624	266,240	258,619
EMOTIONAL DISTURBANCE	217,703	222,543	229,093	236,431	242,319
MULTIPLE DISABILITIES	30,925	32,042	35,014	36,210	38,368
HEARING IMPAIRMENTS	24,378	24,829	25,622	26,335	26,966
ORTHOPEDIC IMPAIRMENTS	18,430	18,392	18,812	19,593	19,594
OTHER HEALTH IMPAIRMENTS	22,466	22,962	24,177	25,701	29,150
VISUAL IMPAIRMENTS	10,124	9,980	10,350	10,530	10,641
AUTISM	.	.	.	1,749	4,893
DEAF-BLINDNESS	525	624	587	594	599
TRAUMATIC BRAIN INJURY	.	.	.	127	1,844
ALL DISABILITIES	1,754,729	1,782,657	1,831,868	1,911,681	1,990,085

Age Groups 18-21

DISABILITY	1988-89	1989-90	1990-91	1991-92	1992-93
SPECIFIC LEARNING DISABILITIES	101,931	106,765	106,128	110,093	116,719
SPEECH OR LANGUAGE IMPAIRMENTS	5,817	4,350	4,016	4,376	4,210
MENTAL RETARDATION	78,382	76,538	71,949	68,775	64,256
EMOTIONAL DISTURBANCE	20,838	21,691	21,499	22,072	22,064
MULTIPLE DISABILITIES	11,404	11,949	12,020	12,074	12,439
HEARING IMPAIRMENTS	4,717	4,680	4,576	4,612	4,287
ORTHOPEDIC IMPAIRMENTS	4,245	4,167	4,071	4,023	3,856
OTHER HEALTH IMPAIRMENTS	3,906	3,816	3,875	3,756	3,426
VISUAL IMPAIRMENTS	1,714	1,930	1,985	1,918	1,693
AUTISM	.	.	.	620	1,773
DEAF-BLINDNESS	322	325	286	225	241
TRAUMATIC BRAIN INJURY	.	.	.	39	609
ALL DISABILITIES	233,276	236,211	230,405	232,583	235,573

Data from 1988-89 through 1993-94 for all age groups include children with disabilities served under Chapter 1 of ESEA (SOP). Beginning in 1994-95, all services to children and youth with disabilities were provided only through IDEA, Parts B and H. Infants and toddlers were first served under Part H in 1987-88; however, the data collection was unreliable in the early years of the program. Consequently, counts of children served under Part H are included in the totals presented only for 1991-92 forward.
Reporting on autism and traumatic brain injury was required under IDEA beginning in 1992-93 and was optional in 1991-92. States had the option of reporting children ages 3-9 under developmental delay beginning in 1997-98.
Data based on the December 1, 1997 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AA14

Number of Children Served Under IDEA by Disability and Age Group During the 1988-89 Through 1997-98 School Years

Age Groups 0-2, 3-5

	1993-94	1994-95	1995-96	1996-97	1997-98
AGE GROUP 0-2	152,287	165,351	177,286	186,527	197,376
AGE GROUP 3-5	491,685	522,709	548,593	557,153	571,049

Age Groups 6-11

DISABILITY	1993-94	1994-95	1995-96	1996-97	1997-98
SPECIFIC LEARNING DISABILITIES	1,009,541	1,041,816	1,073,215	1,093,819	1,114,327
SPEECH OR LANGUAGE IMPAIRMENTS	900,962	905,223	910,788	928,941	942,730
MENTAL RETARDATION	220,301	229,453	235,490	239,292	240,581
EMOTIONAL DISTURBANCE	140,603	144,595	147,368	150,416	154,044
MULTIPLE DISABILITIES	55,073	43,889	46,150	48,513	51,930
HEARING IMPAIRMENTS	31,178	31,464	32,501	32,903	33,254
ORTHOPEDIC IMPAIRMENTS	31,644	33,521	34,530	35,575	35,708
OTHER HEALTH IMPAIRMENTS	43,493	56,856	71,649	84,842	97,821
VISUAL IMPAIRMENTS	11,723	11,557	11,870	11,833	12,102
AUTISM	11,158	13,716	17,666	21,669	27,323
DEAF-BLINDNESS	564	524	547	508	565
TRAUMATIC BRAIN INJURY	2,111	2,871	3,929	4,100	4,525
DEVELOPMENTAL DELAY	.	.	.	.	1,944
ALL DISABILITIES	2,458,351	2,515,485	2,585,703	2,652,411	2,716,854

Age Groups 12-17

DISABILITY	1993-94	1994-95	1995-96	1996-97	1997-98
SPECIFIC LEARNING DISABILITIES	1,296,829	1,347,294	1,398,602	1,447,448	1,502,270
SPEECH OR LANGUAGE IMPAIRMENTS	112,581	110,859	111,833	115,343	119,811
MENTAL RETARDATION	269,321	279,214	286,953	291,666	297,775
EMOTIONAL DISTURBANCE	251,524	260,891	267,786	271,240	275,485
MULTIPLE DISABILITIES	42,083	34,231	36,365	38,787	41,896
HEARING IMPAIRMENTS	29,037	29,545	30,983	31,233	31,712
ORTHOPEDIC IMPAIRMENTS	21,321	23,069	24,591	26,531	27,515
OTHER HEALTH IMPAIRMENTS	35,886	46,054	57,714	71,112	86,721
VISUAL IMPAIRMENTS	11,357	11,445	11,864	12,058	12,054
AUTISM	5,832	6,760	8,796	10,079	12,222
DEAF-BLINDNESS	585	600	619	559	679
TRAUMATIC BRAIN INJURY	2,559	3,486	4,558	5,182	6,047
ALL DISABILITIES	2,078,915	2,153,448	2,240,664	2,321,238	2,414,187

Age Groups 18-21

DISABILITY	1993-94	1994-95	1995-96	1996-97	1997-98
SPECIFIC LEARNING DISABILITIES	121,295	121,114	130,087	133,080	139,449
SPEECH OR LANGUAGE IMPAIRMENTS	4,442	4,248	4,263	4,445	4,640
MENTAL RETARDATION	64,197	61,850	63,132	62,638	65,052
EMOTIONAL DISTURBANCE	22,824	22,563	24,011	24,687	25,665
MULTIPLE DISABILITIES	12,561	11,500	12,020	12,194	13,408
HEARING IMPAIRMENTS	4,450	4,195	4,555	4,594	4,706
ORTHOPEDIC IMPAIRMENTS	3,887	3,877	4,035	4,240	4,279
OTHER HEALTH IMPAIRMENTS	3,700	4,223	4,798	5,362	6,611
VISUAL IMPAIRMENTS	1,724	1,711	1,756	1,848	1,914
AUTISM	2,068	2,188	2,614	2,625	2,966
DEAF-BLINDNESS	220	207	221	193	219
TRAUMATIC BRAIN INJURY	725	902	1,092	1,185	1,342
ALL DISABILITIES	242,093	238,578	252,584	257,091	270,251

Data from 1988-89 through 1993-94 for all age groups include children with disabilities served under Chapter 1 of ESEA (SOP). Beginning in 1994-95, all services to children and youth with disabilities were provided only through IDEA, Parts B and H. Infants and toddlers were first served under Part H in 1987-88; however, the data collection was unreliable in the early years of the program. Consequently, counts of children served under Part H are included in the totals presented only for 1991-92 forward.
Reporting on autism and traumatic brain injury was required under IDEA beginning in 1992-93 and was optional in 1991-92. States had the option of reporting children ages 3-9 under developmental delay beginning in 1997-98.
Data based on the December 1, 1997 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB3

Number of Children Ages 3-5 Served in Different Educational Environments Under IDEA, Part B, During the 1996-97 School Year

ALL DISABILITIES

STATE	NUMBER							
	REGULAR CLASS	RESOURCE ROOM	SEPAR CLASS	PUBLIC SEPAR FACIL	PRIVATE SEPAR FACIL	PUBLIC RESID FACIL	PRIVATE RESID FACIL	HOME HOSP ENVIR
ALABAMA	6,696	810	393	66	56	27	1	132
ALASKA	262	24	296	0	0	0	0	8
ARIZONA	2,738	2,226	2,250	31	343	117	1	31
ARKANSAS	3,468	1,218	1,636	30	1,187	0	16	327
CALIFORNIA	29,690	2,670	20,965	1,798	319	61	13	206
COLORADO	4,076	1,033	1,918	165	1	5	0	50
CONNECTICUT	3,188	445	2,899	135	167	0	2	28
DELAWARE	841	569	333	90	1	0	0	13
DISTRICT OF COLUMBIA	211	27	14	57	78	0	0	0
FLORIDA	10,866	1,842	10,708	414	416	13	0	182
GEORGIA	7,051	3,666	3,037	234	115	15	3	170
HAWAII	274	61	926	6	3	0	0	0
IDAHO	1,581	553	168	687	201	10	1	10
ILLINOIS	12,701	1,030	10,069	1,903	143	10	0	57
INDIANA	5,246	976	6,457	262	0	2	0	132
IOWA	3,457	541	1,492	136	0	16	9	215
KANSAS	3,141	1,006	2,185	17	13	0	0	5
KENTUCKY	13,509	706	392	197	132	4	1	66
LOUISIANA	4,559	518	4,161	209	1	22	0	25
MAINE	1,961	192	190	177	548	8	2	615
MARYLAND	4,765	1,895	2,256	500	138	61	1	174
MASSACHUSETTS	13,165	231	1,001	36	80	.	1	21
MICHIGAN	5,511	542	6,286	3,180	.	7	0	2,880
MINNESOTA	5,318	2,168	3,408	7	6	6	5	0
MISSISSIPPI	3,820	671	1,275	217	58	20	4	170
MISSOURI	3,518	1,179	2,768	374	12	1	4	2
MONTANA	1,030	320	246	78	44	6	2	1
NEBRASKA	898	349	1,285	420	25	8	0	326
NEVADA	1,061	23	2,006	148	5	0	0	18
NEW HAMPSHIRE	1,175	162	728	105	18	0	4	97
NEW JERSEY	6,744	2,088	5,897	1,084	857	23	1	63
NEW MEXICO	1,690	200	2,505	162	12	66	0	45
NEW YORK	8,333	806	6,298	1,077	1,796	32	34	46
NORTH CAROLINA	11,550	773	3,068	582	356	68	26	183
NORTH DAKOTA	568	93	308	139	7	2	0	39
OHIO	5,741	998	7,433	3,676	0	10	0	421
OKLAHOMA	2,841	393	1,761	218	19	14	18	28
OREGON	3,286	312	1,207	282	363	2	4	179
PENNSYLVANIA	8,546	1,861	8,506	64	379	11	16	1,201
PUERTO RICO	2,279	787	754	171	179	2	0	302
RHODE ISLAND	1,049	371	883	20	131	0	1	1
SOUTH CAROLINA	7,800	675	1,694	130	25	4	0	111
SOUTH DAKOTA	434	519	1,198	3	0	2	6	0
TENNESSEE	7,141	1,175	1,573	105	47	5	0	46
TEXAS	16,865	1,593	12,193	279	5	2	0	225
UTAH	1,884	1,663	821	47	.	0	.	9
VERMONT	840	18	211	44	28	0	1	92
VIRGINIA	6,396	773	5,230	209	83	7	0	873
WASHINGTON	3,979	1,787	5,466	488	133	12	0	138
WEST VIRGINIA	3,003	477	1,405	14	0	3	0	217
WISCONSIN	5,618	1,302	6,704	257	6	10	0	28
WYOMING	397	56	9	1	6	0	0	0
AMERICAN SAMOA	43	0	0	0	0	0	0	0
GUAM	97	28	44	1	1	0	0	0
NORTHERN MARIANAS	52	0	0	0	0	0	0	.
PALAU	3	0	1	0	0	0	0	4
VIRGIN ISLANDS	.	.	.	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	263,156	46,401	166,917	20,732	8,543	694	177	10,212
50 STATES, D.C. & P.R.	262,961	46,373	166,872	20,731	8,542	694	177	10,208

Please see data notes for an explanation of individual State differences.
A crosswalk was used to report placement data for 3-5 year olds in the OSEP placement categories. See the data notes for how preschool placements were recorded and for more detail on States that used these categories.
SEPAR=SEPARATE; FACIL=FACILITY; RESID=RESIDENTIAL; HOSP=HOSPITAL; ENVIR=ENVIRONMENT
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB3

Percentage of Children Ages 3-5 Served in Different Educational Environments Under IDEA, Part B, During the 1996-97 School Year

ALL DISABILITIES

STATE	PERCENTAGE							
	REGULAR CLASS	RESOURCE ROOM	SEPAR CLASS	PUBLIC SEPAR FACIL	PRIVATE SEPAR FACIL	PUBLIC RESID FACIL	PRIVATE RESID FACIL	HOME HOSP ENVIR
ALABAMA	81.85	9.90	4.80	0.81	0.68	0.33	0.01	1.61
ALASKA	44.41	4.07	50.17	0.00	0.00	0.00	0.00	1.36
ARIZONA	35.39	28.77	29.08	0.40	4.43	1.51	0.01	0.40
ARKANSAS	44.00	15.45	20.76	0.38	15.06	0.00	0.20	4.15
CALIFORNIA	53.28	4.79	37.62	3.23	0.57	0.11	0.02	0.37
COLORADO	56.24	14.25	26.46	2.28	0.01	0.07	0.00	0.69
CONNECTICUT	47.96	6.30	41.04	1.91	2.36	0.00	0.03	0.40
DELAWARE	45.53	30.81	18.03	4.87	0.05	0.00	0.00	0.70
DISTRICT OF COLUMBIA	54.52	6.98	3.62	14.73	20.16	0.00	0.00	0.00
FLORIDA	44.46	7.54	43.81	1.69	1.70	0.05	0.00	0.74
GEORGIA	49.34	25.65	21.25	1.64	0.80	0.10	0.02	1.19
HAWAII	21.57	4.80	72.91	0.47	0.24	0.00	0.00	0.00
IDAHO	49.24	17.22	5.23	21.40	6.26	0.31	0.03	0.31
ILLINOIS	49.01	3.97	38.86	7.34	0.55	0.04	0.00	0.22
INDIANA	40.12	7.46	49.38	2.00	0.00	0.02	0.00	1.01
IOWA	58.93	9.22	25.43	2.32	0.00	0.27	0.15	3.67
KANSAS	49.33	15.80	34.32	0.27	0.20	0.00	0.00	0.08
KENTUCKY	90.02	4.70	2.61	1.31	0.88	0.03	0.01	0.44
LOUISIANA	48.01	5.46	43.82	2.20	0.01	0.23	0.00	0.26
MAINE	53.10	5.20	5.14	4.79	14.84	0.22	0.05	16.65
MARYLAND	48.67	19.36	23.04	5.11	1.41	0.62	0.01	1.78
MASSACHUSETTS	90.57	1.59	6.89	0.25	0.55	.	0.01	0.14
MICHIGAN	29.94	2.94	34.15	17.28	.	0.04	0.00	15.65
MINNESOTA	48.71	19.86	31.21	0.06	0.05	0.05	0.05	0.00
MISSISSIPPI	61.27	10.76	20.45	3.48	0.93	0.32	0.06	2.73
MISSOURI	44.77	15.00	35.23	4.76	0.15	0.01	0.05	0.03
MONTANA	59.64	18.53	14.24	4.52	2.55	0.35	0.12	0.06
NEBRASKA	27.12	10.54	38.81	12.68	0.76	0.24	0.00	9.85
NEVADA	32.54	0.71	61.51	4.54	0.15	0.00	0.00	0.55
NEW HAMPSHIRE	51.33	7.08	31.80	4.59	0.79	0.00	0.17	4.24
NEW JERSEY	40.25	12.46	35.19	6.47	5.11	0.14	0.01	0.38
NEW MEXICO	36.11	4.27	53.53	3.46	0.26	1.41	0.00	0.96
NEW YORK	45.23	4.38	34.19	5.85	9.75	0.17	0.18	0.25
NORTH CAROLINA	69.55	4.65	18.48	3.50	2.14	0.41	0.16	1.10
NORTH DAKOTA	49.13	8.04	26.64	12.02	0.61	0.17	0.00	3.37
OHIO	31.41	5.46	40.66	20.11	0.00	0.05	0.00	2.30
OKLAHOMA	53.68	7.43	33.28	4.12	0.36	0.26	0.34	0.53
OREGON	58.31	5.54	21.42	5.00	6.44	0.04	0.07	3.18
PENNSYLVANIA	41.52	9.04	41.32	0.31	1.84	0.05	0.08	5.83
PUERTO RICO	50.94	17.59	16.85	3.82	4.00	0.04	0.00	6.75
RHODE ISLAND	42.71	15.11	35.95	0.81	5.33	0.00	0.04	0.04
SOUTH CAROLINA	74.72	6.47	16.23	1.25	0.24	0.04	0.00	1.06
SOUTH DAKOTA	20.07	24.01	55.41	0.14	0.00	0.09	0.28	0.00
TENNESSEE	70.76	11.64	15.59	1.04	0.47	0.05	0.00	0.46
TEXAS	54.12	5.11	39.13	0.90	0.02	0.01	0.00	0.72
UTAH	42.59	37.59	18.56	1.06	.	0.00	.	0.20
VERMONT	68.07	1.46	17.10	3.57	2.27	0.00	0.08	7.46
VIRGINIA	47.13	5.70	38.54	1.54	0.61	0.05	0.00	6.43
WASHINGTON	33.15	14.89	45.54	4.07	1.11	0.10	0.00	1.15
WEST VIRGINIA	58.66	9.32	27.45	0.27	0.00	0.06	0.00	4.24
WISCONSIN	40.34	9.35	48.14	1.85	0.04	0.07	0.00	0.20
WYOMING	84.65	11.94	1.92	0.21	1.28	0.00	0.00	0.00
AMERICAN SAMOA	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GUAM	56.73	16.37	25.73	0.58	0.58	0.00	0.00	0.00
NORTHERN MARIANAS	100.00	0.00	0.00	0.00	0.00	0.00	0.00	.
PALAU	37.50	0.00	12.50	0.00	0.00	0.00	0.00	50.00
VIRGIN ISLANDS	.	.	.	.	.	.	.	.
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	50.92	8.98	32.30	4.01	1.65	0.13	0.03	1.98
50 STATES, D.C. & P.R.	50.91	8.98	32.30	4.01	1.65	0.13	0.03	1.98

Please see data notes for an explanation of individual State differences.
A crosswalk was used to report placement data for 3-5 year olds in the OSEP placement categories. See the data notes for how preschool placements were recorded and for more detail on States that used these categories.
SEPAR=SEPARATE; FACIL=FACILITY; RESID=RESIDENTIAL; HOSP=HOSPITAL; ENVIR=ENVIRONMENT
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB4

Number of Children Ages 6-11 Served in Different Educational Environments Under IDEA, Part B, During the 1996-97 School Year

ALL DISABILITIES

STATE	NUMBER							
	REGULAR CLASS	RESOURCE ROOM	SEPAR CLASS	PUBLIC SEPAR FACIL	PRIVATE SEPAR FACIL	PUBLIC RESID FACIL	PRIVATE RESID FACIL	HOME HOSP ENVIR
ALABAMA	23,659	13,175	5,351	311	39	113	36	32
ALASKA	5,655	2,397	539	94	1	0	3	3
ARIZONA	21,977	10,737	4,665	327	355	100	21	43
ARKANSAS	11,259	7,508	2,669	59	131	0	103	36
CALIFORNIA	178,479	38,002	56,184	2,251	2,090	272	145	575
COLORADO	25,103	3,649	2,004	194	76	11	116	118
CONNECTICUT	21,156	5,925	5,021	364	549	8	95	36
DELAWARE	2,365	4,533	577	213	5	0	0	34
DISTRICT OF COLUMBIA	443	525	1,080	340	217	0	0	0
FLORIDA	74,278	38,597	40,316	2,008	128	225	0	421
GEORGIA	32,294	24,082	15,273	329	11	111	23	36
HAWAII	4,766	2,446	1,217	16	27	8	1	5
IDAHO	9,199	2,207	490	45	3	49	1	13
ILLINOIS	61,571	28,580	28,964	1,996	1,246	91	66	172
INDIANA	48,014	6,820	11,924	252	5	138	80	46
IOWA	18,980	6,928	3,198	228	0	59	17	12
KANSAS	18,425	4,456	2,087	122	16	21	10	32
KENTUCKY	23,581	10,472	4,062	52	54	73	17	73
LOUISIANA	18,425	7,066	12,619	282	20	168	5	146
MAINE	8,465	4,347	1,441	65	60	3	31	30
MARYLAND	25,004	11,309	10,902	1,292	725	158	93	81
MASSACHUSETTS	49,991	7,554	9,933	464	1,103	.	146	201
MICHIGAN	53,099	16,425	16,197	2,679	.	60	8	360
MINNESOTA	34,122	7,640	2,402	589	72	110	76	52
MISSISSIPPI	15,104	8,762	5,516	125	28	112	5	78
MISSOURI	28,635	17,750	7,666	810	179	55	8	53
MONTANA	5,509	2,338	492	21	11	38	46	12
NEBRASKA	13,943	3,441	1,448	284	46	12	8	96
NEVADA	7,466	5,204	1,183	209	0	0	1	31
NEW HAMPSHIRE	5,519	3,075	2,081	342	64	1	61	20
NEW JERSEY	57,208	17,569	17,923	1,783	2,863	148	5	182
NEW MEXICO	8,480	6,118	6,435	103	2	42	10	48
NEW YORK	75,278	23,552	57,686	7,746	3,321	475	704	307
NORTH CAROLINA	54,019	12,132	10,122	505	177	206	55	109
NORTH DAKOTA	4,845	550	295	28	6	14	12	11
OHIO	72,643	20,265	7,607	2,659	0	48	0	302
OKLAHOMA	19,756	9,913	3,790	129	45	74	19	59
OREGON	24,520	4,513	1,527	216	259	177	51	69
PENNSYLVANIA	43,607	23,063	24,277	998	1,119	215	96	103
PUERTO RICO	1,674	12,462	3,771	199	388	11	1	311
RHODE ISLAND	6,965	2,020	2,887	39	151	0	46	19
SOUTH CAROLINA	21,805	14,685	9,025	212	17	88	14	80
SOUTH DAKOTA	5,368	1,439	326	22	26	22	55	6
TENNESSEE	33,836	14,077	7,629	356	121	54	0	271
TEXAS	74,011	101,741	32,221	747	21	67	3	1,029
UTAH	13,508	7,907	3,785	238	.	42	.	45
VERMONT	4,372	265	74	14	37	0	24	35
VIRGINIA	33,775	17,007	14,997	338	207	79	31	117
WASHINGTON	30,273	13,301	6,430	196	72	20	9	178
WEST VIRGINIA	13,350	5,683	2,605	31	5	34	1	21
WISCONSIN	22,186	17,212	7,310	205	21	91	1	39
WYOMING	4,983	2,069	423	7	31	13	11	10
AMERICAN SAMOA	71	33	20	0	0	0	0	0
GUAM	284	359	123	0	1	0	0	0
NORTHERN MARIANAS	126	9	9	0	0	0	0	0
PALAU	16	24	6	0	0	0	0	0
VIRGIN ISLANDS	171	138	206	0	0	0	2	4
BUR. OF INDIAN AFFAIRS	1,891	2,163	212	11	0	5	25	3
U.S. AND OUTLYING AREAS	1,475,507	636,219	479,222	33,145	16,151	3,921	2,397	6,205
50 STATES, D.C. & P.R.	1,472,948	633,493	478,646	33,134	16,150	3,916	2,370	6,198

Please see data notes for an explanation of individual State differences.
SEPAR=SEPARATE; FACIL=FACILITY; RESID=RESIDENTIAL; HOSP=HOSPITAL; ENVIR=ENVIRONMENT
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB4

Percentage of Children Ages 6-11 Served in Different Educational Environments Under IDEA, Part B, During the 1996-97 School Year

ALL DISABILITIES

STATE	PERCENTAGE							
	REGULAR CLASS	RESOURCE ROOM	SEPAR CLASS	PUBLIC SEPAR FACIL	PRIVATE SEPAR FACIL	PUBLIC RESID FACIL	PRIVATE RESID FACIL	HOME HOSP ENVIR
ALABAMA	55.39	30.84	12.53	0.73	0.09	0.26	0.08	0.07
ALASKA	65.06	27.58	6.20	1.08	0.01	0.00	0.03	0.03
ARIZONA	57.49	28.09	12.20	0.86	0.93	0.26	0.05	0.11
ARKANSAS	51.73	34.50	12.26	0.27	0.60	0.00	0.47	0.17
CALIFORNIA	64.20	13.67	20.21	0.81	0.75	0.10	0.05	0.21
COLORADO	80.28	11.67	6.41	0.62	0.24	0.04	0.37	0.38
CONNECTICUT	63.81	17.87	15.14	1.10	1.66	0.02	0.29	0.11
DELAWARE	30.61	58.66	7.47	2.76	0.06	0.00	0.00	0.44
DISTRICT OF COLUMBIA	17.01	20.15	41.46	13.05	8.33	0.00	0.00	0.00
FLORIDA	47.62	24.75	25.85	1.29	0.08	0.14	0.00	0.27
GEORGIA	44.75	33.37	21.17	0.46	0.02	0.15	0.03	0.05
HAWAII	56.16	28.82	14.34	0.19	0.32	0.09	0.01	0.06
IDAHO	76.61	18.38	4.08	0.37	0.02	0.41	0.01	0.11
ILLINOIS	50.19	23.30	23.61	1.63	1.02	0.07	0.05	0.14
INDIANA	71.37	10.14	17.72	0.37	0.01	0.21	0.12	0.07
IOWA	64.51	23.55	10.87	0.77	0.00	0.20	0.06	0.04
KANSAS	73.21	17.70	8.29	0.48	0.06	0.08	0.04	0.13
KENTUCKY	61.43	27.28	10.58	0.14	0.14	0.19	0.04	0.19
LOUISIANA	47.57	18.24	32.58	0.73	0.05	0.43	0.01	0.38
MAINE	58.61	30.10	9.98	0.45	0.42	0.02	0.21	0.21
MARYLAND	50.45	22.82	22.00	2.61	1.46	0.32	0.19	0.16
MASSACHUSETTS	72.04	10.89	14.31	0.67	1.59	.	0.21	0.29
MICHIGAN	59.78	18.49	18.23	3.02	.	0.07	0.01	0.41
MINNESOTA	75.72	16.95	5.33	1.31	0.16	0.24	0.17	0.12
MISSISSIPPI	50.80	29.47	18.55	0.42	0.09	0.38	0.02	0.26
MISSOURI	51.92	32.18	13.90	1.47	0.32	0.10	0.01	0.10
MONTANA	65.06	27.61	5.81	0.25	0.13	0.45	0.54	0.14
NEBRASKA	72.33	17.85	7.51	1.47	0.24	0.06	0.04	0.50
NEVADA	52.97	36.92	8.39	1.48	0.00	0.00	0.01	0.22
NEW HAMPSHIRE	49.44	27.55	18.64	3.06	0.57	0.01	0.55	0.18
NEW JERSEY	58.57	17.99	18.35	1.83	2.93	0.15	0.01	0.19
NEW MEXICO	39.93	28.81	30.30	0.48	0.01	0.20	0.05	0.23
NEW YORK	44.53	13.93	34.12	4.58	1.96	0.28	0.42	0.18
NORTH CAROLINA	69.86	15.69	13.09	0.65	0.23	0.27	0.07	0.14
NORTH DAKOTA	84.10	9.55	5.12	0.49	0.10	0.24	0.21	0.19
OHIO	70.17	19.58	7.35	2.57	0.00	0.05	0.00	0.29
OKLAHOMA	58.48	29.34	11.22	0.38	0.13	0.22	0.06	0.17
OREGON	78.26	14.40	4.87	0.69	0.83	0.56	0.16	0.22
PENNSYLVANIA	46.65	24.67	25.97	1.07	1.20	0.23	0.10	0.11
PUERTO RICO	8.90	66.23	20.04	1.06	2.06	0.06	0.01	1.65
RHODE ISLAND	57.43	16.66	23.81	0.32	1.25	0.00	0.38	0.16
SOUTH CAROLINA	47.48	31.98	19.65	0.46	0.04	0.19	0.03	0.17
SOUTH DAKOTA	73.90	19.81	4.49	0.30	0.36	0.30	0.76	0.08
TENNESSEE	60.05	24.98	13.54	0.63	0.21	0.10	0.00	0.48
TEXAS	35.27	48.49	15.36	0.36	0.01	0.03	0.00	0.49
UTAH	52.92	30.98	14.83	0.93	.	0.16	.	0.18
VERMONT	90.69	5.50	1.53	0.29	0.77	0.00	0.50	0.73
VIRGINIA	50.75	25.55	22.53	0.51	0.31	0.12	0.05	0.18
WASHINGTON	59.97	26.35	12.74	0.39	0.14	0.04	0.02	0.35
WEST VIRGINIA	61.44	26.15	11.99	0.14	0.02	0.16	0.00	0.10
WISCONSIN	47.14	36.57	15.53	0.44	0.04	0.19	0.00	0.08
WYOMING	66.03	27.41	5.60	0.09	0.41	0.17	0.15	0.13
AMERICAN SAMOA	57.26	26.61	16.13	0.00	0.00	0.00	0.00	0.00
GUAM	37.03	46.81	16.04	0.00	0.13	0.00	0.00	0.00
NORTHERN MARIANAS	87.50	6.25	6.25	0.00	0.00	0.00	0.00	0.00
PALAU	34.78	52.17	13.04	0.00	0.00	0.00	0.00	0.00
VIRGIN ISLANDS	32.82	26.49	39.54	0.00	0.00	0.00	0.38	0.77
BUR. OF INDIAN AFFAIRS	43.87	50.19	4.92	0.26	0.00	0.12	0.58	0.07
U.S. AND OUTLYING AREAS	55.62	23.98	18.06	1.25	0.61	0.15	0.09	0.23
50 STATES, D.C. & P.R.	55.65	23.93	18.08	1.25	0.61	0.15	0.09	0.23

Please see data notes for an explanation of individual State differences.
SEPAR=SEPARATE; FACIL=FACILITY; RESID=RESIDENTIAL; HOSP=HOSPITAL; ENVIR=ENVIRONMENT
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AB7

Number of Children Served in Different Educational Environments Under IDEA, Part B by Age Group During the 1987-88 Through 1996-97 School Years

AGE GROUP 3-5

	REGULAR CLASS	RESOURCE ROOM	SEPARATE CLASS	PUBLIC SEPARATE FACILITY	PRIVATE SEPARATE FACILITY	PUBLIC RESID FACILITY	PRIVATE RESID FACILITY	HOME HOSP ENVIR	TOTAL
1987-88	122,864	43,158	87,316	25,100	20,101	1,066	480	6,178	306,263
1988-89	140,364	53,706	87,595	26,106	16,698	1,080	338	6,573	332,460
1989-90	159,554	42,630	98,879	25,954	20,198	1,059	443	7,635	356,352
1990-91	163,723	47,946	99,233	30,020	18,897	969	348	7,252	368,388
1991-92	173,364	41,436	108,507	17,984	26,251	931	250	4,394	373,117
1992-93	220,018	56,599	141,566	22,199	13,222	1,541	313	7,270	462,728
1993-94	237,470	44,175	151,088	22,453	20,529	983	555	9,045	486,298
1994-95	243,226	44,657	152,000	19,539	7,070	633	245	12,474	479,844
1995-96	268,130	48,307	162,814	23,551	6,633	729	199	11,803	522,166
1996-97	263,156	46,401	166,917	20,732	8,543	694	177	10,212	516,832

AGE GROUP 6-11

	REGULAR CLASS	RESOURCE ROOM	SEPARATE CLASS	PUBLIC SEPARATE FACILITY	PRIVATE SEPARATE FACILITY	PUBLIC RESID FACILITY	PRIVATE RESID FACILITY	HOME HOSP ENVIR	TOTAL
1987-88	832,284	747,080	431,042	47,685	23,191	4,509	2,784	6,266	2,094,841
1988-89	898,693	762,537	449,059	45,567	22,026	5,582	2,601	7,348	2,193,413
1989-90	937,329	748,115	463,525	45,186	24,156	6,144	2,626	6,303	2,233,384
1990-91	992,884	727,000	497,003	42,739	24,773	5,402	2,545	7,370	2,299,716
1991-92	1,075,455	726,035	463,267	37,018	27,467	5,872	2,098	5,141	2,342,353
1992-93	1,164,427	617,476	477,765	37,856	25,419	7,159	2,269	7,194	2,339,565
1993-94	1,313,089	608,776	472,899	33,112	14,456	4,416	2,295	6,429	2,455,472
1994-95	1,364,545	610,920	475,664	31,959	15,000	4,057	2,161	6,226	2,510,532
1995-96	1,424,309	624,095	476,965	34,413	15,539	4,113	2,321	6,308	2,588,063
1996-97	1,475,507	636,219	479,222	33,145	16,151	3,921	2,397	6,205	2,652,767

AGE GROUP 12-17

	REGULAR CLASS	RESOURCE ROOM	SEPARATE CLASS	PUBLIC SEPARATE FACILITY	PRIVATE SEPARATE FACILITY	PUBLIC RESID FACILITY	PRIVATE RESID FACILITY	HOME HOSP ENVIR	TOTAL
1987-88	315,192	803,174	502,486	70,286	26,079	12,151	7,545	19,409	1,756,322
1988-89	335,057	779,691	487,524	63,144	26,071	12,918	7,210	22,532	1,734,147
1989-90	360,143	769,427	517,752	64,885	26,183	15,695	7,355	15,950	1,777,390
1990-91	400,416	783,562	526,763	59,118	27,034	14,701	7,259	14,038	1,832,891
1991-92	445,691	821,318	517,011	54,895	29,264	16,786	7,317	13,815	1,906,097
1992-93	609,919	759,618	530,137	54,342	25,825	15,179	7,655	14,517	2,017,192
1993-94	687,004	725,572	534,931	51,246	25,446	13,663	8,030	17,304	2,063,196
1994-95	745,534	731,410	548,839	50,958	27,919	14,249	8,219	18,621	2,145,749
1995-96	793,334	755,901	541,261	54,924	28,719	13,219	8,687	18,379	2,214,424
1996-97	839,517	783,062	564,229	56,811	30,290	14,079	10,281	18,792	2,317,061

Beginning in 1987-88, data on youth with disabilities served in correctional facilities were collected as duplicated counts of data reported under one of the other environments. Prior to this time, a separate unduplicated count was collected for students served in correctional facilities. These students are excluded from the totals in the years prior to 1987-88.

Beginning in 1989-90, States were instructed to report students in regular class, resource room, and separate class placements based on the percent of time they received services OUTSIDE the regular class (<21, 21-60, and >60, respectively) instead of the percent of time they received special education.

Reporting on autism and traumatic brain injury was required under IDEA beginning in 1992-93 and was optional in 1991-92.

Resid=Residential; Hosp=Hospital; Envir=Environment

Data based on the December 1, 1997 count, updated as of September 1, 1998.

Table AC1

Total Number of Teachers Employed, Vacant Funded Positions (in Full-Time Equivalency), and Number of Teachers Retained to Provide Special Education and Related Services for Children and Youth with Disabilities, Ages 3-5 During the 1996-97 School Year

STATE	EMPLOYED: FULLY CERTIFIED	EMPLOYED: NOT FULLY CERTIFIED	VACANT POSITIONS	TOTAL POSITIONS (EMPLOYED + VACANT)	RETAINED TEACHERS: FULLY CERTIFIED	RETAINED TEACHERS: NOT FULLY CERTIFIED
ALABAMA	561	16	108	685	415	9
ALASKA	19	3	.	22	25	2
ARIZONA	153	83	15	251	139	76
ARKANSAS	254	103	10	367	110	72
CALIFORNIA	1,781	188	20	1,989	1,677	94
COLORADO	135	50	7	191	110	23
CONNECTICUT	.	.	.	.	.	.
DELAWARE	100	6	0	106	95	3
DISTRICT OF COLUMBIA	65	0	0	65	65	0
FLORIDA	1,460	104	27	1,591	1,340	70
GEORGIA	495	17	2	513	427	9
HAWAII	120	10	5	135	120	10
IDAHO	134	14	17	165	124	13
ILLINOIS	966	51	28	1,045	788	45
INDIANA	526	15	0	541	446	11
IOWA	268	40	3	310	235	5
KANSAS	348	.	5	352	306	.
KENTUCKY	323	32	4	359	321	24
LOUISIANA	469	319	1	789	442	223
MAINE	212	11	1	224	196	7
MARYLAND	276	22	3	301	262	54
MASSACHUSETTS	512	.	7	519	493	0
MICHIGAN	799	40	1	840	638	26
MINNESOTA	664	47	4	715	630	19
MISSISSIPPI	246	16	6	268	220	11
MISSOURI	504	94	1	598	409	37
MONTANA	81	4	2	87	22	1
NEBRASKA	82	2	1	85	78	1
NEVADA	239	19	3	260	220	16
NEW HAMPSHIRE	93	7	0	100	83	7
NEW JERSEY	906	.	4	910	810	.
NEW MEXICO	190	21	3	213	115	20
NEW YORK	1,912	914	59	2,885	1,637	514
NORTH CAROLINA	645	107	27	778	554	62
NORTH DAKOTA	67	4	1	72	64	4
OHIO	1,192	0	121	1,313	777	0
OKLAHOMA	257	7	2	266	245	6
OREGON	116	5	4	125	85	0
PENNSYLVANIA	1,199	0	0	1,199	1,076	0
PUERTO RICO	89	0	0	89	0	0
RHODE ISLAND	118	3	1	122	117	3
SOUTH CAROLINA	507	21	4	531	433	14
SOUTH DAKOTA	99	4	3	105	88	4
TENNESSEE	307	4	1	312	307	4
TEXAS	243	26	.	269	198	14
UTAH	140	32	5	176	136	32
VERMONT	92	1	0	93	79	0
VIRGINIA	1,173	198	16	1,387	1,113	160
WASHINGTON	601	.	0	601	533	.
WEST VIRGINIA	173	20	0	193	163	12
WISCONSIN	653	10	4	667	592	6
WYOMING	63	9	3	75	63	7
AMERICAN SAMOA	2	12	0	14	2	7
GUAM	5	0	3	8	5	0
NORTHERN MARIANAS	2	.	0	2	2	.
PALAU	1	1	0	2	1	1
VIRGIN ISLANDS	9	2	1	12	9	2
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.
U.S. AND OUTLYING AREAS	22,644	2,710	538	25,892	19,639	1,737
50 STATES, D.C. & P.R.	22,625	2,695	534	25,854	19,620	1,727

Please see data notes for an explanation of individual State differences.
The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and Outlying Areas because of rounding.
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AF2

Estimated Resident Population for Children Birth Through Age 2

STATE	NUMBER			CHANGE IN NUMBER		PERCENTAGE CHANGE IN NUMBER	
	1987-88	1996-97	1997-98	1997-98 LESS 1987-88	1997-98 LESS 1996-97	1997-98 LESS 1987-88	1997-98 LESS 1996-97
ALABAMA	172,606	175,355	174,259	1,653	-1,096	0.96	-0.63
ALASKA	37,208	28,983	29,080	-8,128	97	-21.84	0.33
ARIZONA	172,487	208,055	225,209	52,722	17,154	30.57	8.24
ARKANSAS	100,626	104,156	106,364	5,738	2,208	5.70	2.12
CALIFORNIA	1,368,685	1,609,309	1,566,637	197,952	-42,672	14.46	-2.65
COLORADO	160,714	160,314	163,943	3,229	3,629	2.01	2.26
CONNECTICUT	132,444	131,703	128,413	-4,031	-3,290	-3.04	-2.50
DELAWARE	28,214	29,456	29,305	1,091	-151	3.87	-0.51
DISTRICT OF COLUMBIA	24,519	19,412	19,293	-5,226	-119	-21.31	-0.61
FLORIDA	484,667	562,291	561,182	76,515	-1,109	15.79	-0.20
GEORGIA	286,346	328,671	334,245	47,899	5,574	16.73	1.70
HAWAII	51,375	53,577	52,126	751	-1,451	1.46	-2.71
IDAHO	49,656	53,394	54,820	5,164	1,426	10.40	2.67
ILLINOIS	513,295	543,374	535,100	21,805	-8,274	4.25	-1.52
INDIANA	235,109	243,350	242,721	7,612	-629	3.24	-0.26
IOWA	116,393	107,503	109,240	-7,153	1,737	-6.15	1.62
KANSAS	115,245	107,727	107,053	-8,192	-674	-7.11	-0.63
KENTUCKY	152,383	153,244	152,981	598	-263	0.39	-0.17
LOUISIANA	222,590	192,981	186,085	-36,505	-6,896	-16.40	-3.57
MAINE	50,141	40,871	40,458	-9,683	-413	-19.31	-1.01
MARYLAND	203,299	211,217	205,540	2,241	-5,677	1.10	-2.69
MASSACHUSETTS	240,986	224,807	235,722	-5,264	10,915	-2.18	4.86
MICHIGAN	411,296	393,598	385,371	-25,925	-8,227	-6.30	-2.09
MINNESOTA	197,575	186,462	187,175	-10,400	713	-5.26	0.38
MISSISSIPPI	122,260	120,753	119,726	-2,534	-1,027	-2.07	-0.85
MISSOURI	221,960	215,302	217,365	-4,595	2,063	-2.07	0.96
MONTANA	38,628	32,551	31,957	-6,671	-594	-17.27	-1.82
NEBRASKA	73,462	67,760	68,425	-5,037	665	-6.86	0.98
NEVADA	47,714	74,972	78,279	30,565	3,307	64.06	4.41
NEW HAMPSHIRE	46,783	44,135	43,136	-3,647	-999	-7.80	-2.26
NEW JERSEY	314,837	335,928	327,186	12,349	-8,742	3.92	-2.60
NEW MEXICO	78,989	79,677	79,296	307	-381	0.39	-0.48
NEW YORK	746,118	774,377	780,741	34,623	6,364	4.64	0.82
NORTH CAROLINA	264,118	301,593	308,426	44,308	6,833	16.78	2.27
NORTH DAKOTA	32,469	24,731	24,239	-8,230	-492	-25.35	-1.99
OHIO	468,488	447,690	444,315	-24,173	-3,375	-5.16	-0.75
OKLAHOMA	149,832	133,709	134,579	-15,253	870	-10.18	0.65
OREGON	115,566	126,210	127,662	12,096	1,452	10.47	1.15
PENNSYLVANIA	472,131	444,361	432,098	-40,033	-12,263	-8.48	-2.76
PUERTO RICO	.	190,655	190,281	.	-374	.	-0.20
RHODE ISLAND	39,648	36,997	36,449	-3,199	-548	-8.07	-1.48
SOUTH CAROLINA	151,004	148,150	149,677	-1,327	1,527	-0.88	1.03
SOUTH DAKOTA	34,713	30,267	29,637	-5,076	-630	-14.62	-2.08
TENNESSEE	193,667	215,634	215,511	21,844	-123	11.28	-0.06
TEXAS	872,626	947,908	967,997	95,371	20,089	10.93	2.12
UTAH	107,865	114,433	120,459	12,594	6,026	11.68	5.27
VERMONT	24,148	20,445	19,976	-4,172	-469	-17.28	-2.29
VIRGINIA	256,225	268,466	268,654	12,429	188	4.85	0.07
WASHINGTON	208,831	227,539	229,234	20,403	1,695	9.77	0.74
WEST VIRGINIA	68,128	62,775	60,816	-7,312	-1,959	-10.73	-3.12
WISCONSIN	216,949	197,899	197,539	-19,410	-360	-8.95	-0.18
WYOMING	25,405	18,360	18,327	-7,078	-33	-27.86	-0.18
AMERICAN SAMOA	.	5,385	5,151	.	-234	.	-4.35
GUAM	.	12,393	11,924	.	-469	.	-3.78
NORTHERN MARIANAS	.	3,851	3,828	.	-23	.	-0.60
PALAU	.	1,104	1,104	.	0	.	0.00
VIRGIN ISLANDS	.	6,648	6,143	.	-505	.	-7.60
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.
50 STATES AND D.C.	10,920,423	11,382,432	11,364,028	443,605	-18,404	4.06	-0.16

Please see data notes for an explanation of individual State differences.
Population figures are July estimates from the Bureau of the Census.
Population data for Puerto Rico and the Outlying Areas are projections from the Bureau of the Census, International Programs Center. These projections adjust the 1990 Census annually based on the previous year's births and deaths.
Data based on the December 1, 1997 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AF3

Estimated Resident Population for Children Ages 3-5

STATE	NUMBER			CHANGE IN NUMBER		PERCENTAGE CHANGE IN NUMBER	
	1987-88	1996-97	1997-98	1997-98 LESS 1987-88	1997-98 LESS 1996-97	1997-98 LESS 1987-88	1997-98 LESS 1996-97
ALABAMA	180,000	181,753	179,373	-627	-2,380	-0.35	-1.31
ALASKA	35,000	31,429	31,060	-3,940	-369	-11.26	-1.17
ARIZONA	165,000	203,447	223,494	58,494	20,047	35.45	9.85
ARKANSAS	105,000	107,454	106,698	1,698	-756	1.62	-0.70
CALIFORNIA	1,335,000	1,708,168	1,664,193	329,193	-43,975	24.66	-2.57
COLORADO	160,000	166,049	166,148	6,148	99	3.84	0.06
CONNECTICUT	125,000	138,557	134,186	9,186	-4,371	7.35	-3.15
DELAWARE	27,000	30,753	30,199	3,199	-554	11.85	-1.80
DISTRICT OF COLUMBIA	27,000	22,640	21,101	-5,899	-1,539	-21.85	-6.80
FLORIDA	470,000	597,915	590,946	120,946	-6,969	25.73	-1.17
GEORGIA	284,000	336,261	338,060	54,060	1,799	19.04	0.54
HAWAII	54,000	56,702	54,867	867	-1,835	1.61	-3.24
IDAHO	53,000	55,174	55,711	2,711	537	5.12	0.97
ILLINOIS	519,000	557,606	555,951	36,951	-1,655	7.12	-0.30
INDIANA	237,000	249,849	248,473	11,473	-1,376	4.84	-0.55
IOWA	123,000	112,292	113,128	-9,872	836	-8.03	0.74
KANSAS	117,000	109,451	109,215	-7,785	-236	-6.65	-0.22
KENTUCKY	161,000	158,803	156,999	-4,001	-1,804	-2.49	-1.14
LOUISIANA	236,000	202,797	193,712	-42,288	-9,085	-17.92	-4.48
MAINE	50,000	46,486	44,744	-5,256	-1,742	-10.51	-3.75
MARYLAND	193,000	226,122	215,657	22,657	-10,465	11.74	-4.63
MASSACHUSETTS	224,000	251,434	248,384	24,384	-3,050	10.89	-1.21
MICHIGAN	395,000	422,831	407,598	12,598	-15,233	3.19	-3.60
MINNESOTA	194,000	197,034	195,287	1,287	-1,747	0.66	-0.89
MISSISSIPPI	132,000	125,202	124,334	-7,666	-868	-5.81	-0.69
MISSOURI	223,000	229,502	227,509	4,509	-1,993	2.02	-0.87
MONTANA	40,000	35,126	34,217	-5,783	-909	-14.46	-2.59
NEBRASKA	75,000	69,196	69,249	-5,751	53	-7.67	0.08
NEVADA	45,000	73,646	77,295	32,295	3,649	71.77	4.95
NEW HAMPSHIRE	44,000	47,840	46,739	2,739	-1,101	6.23	-2.30
NEW JERSEY	296,000	357,056	348,931	52,931	-8,125	17.88	-2.28
NEW MEXICO	81,000	84,562	82,907	1,907	-1,655	2.35	-1.96
NEW YORK	730,000	827,184	808,673	78,673	-18,511	10.78	-2.24
NORTH CAROLINA	260,000	319,547	319,637	59,637	90	22.94	0.03
NORTH DAKOTA	35,000	25,129	24,782	-10,218	-347	-29.19	-1.38
OHIO	469,000	470,717	462,933	-6,067	-7,784	-1.29	-1.65
OKLAHOMA	163,000	142,310	139,602	-23,398	-2,708	-14.35	-1.90
OREGON	116,000	129,945	128,687	12,687	-1,258	10.94	-0.97
PENNSYLVANIA	471,000	481,047	466,700	-4,300	-14,347	-0.91	-2.98
PUERTO RICO	.	192,866	192,450	.	-416	.	-0.22
RHODE ISLAND	38,000	40,057	38,801	801	-1,256	2.11	-3.14
SOUTH CAROLINA	155,000	160,734	159,403	4,403	-1,331	2.84	-0.83
SOUTH DAKOTA	35,000	31,798	30,203	-4,797	-1,595	-13.71	-5.02
TENNESSEE	199,000	224,388	221,975	22,975	-2,413	11.55	-1.08
TEXAS	896,000	951,887	964,099	68,099	12,212	7.60	1.28
UTAH	115,000	110,474	112,682	-2,318	2,208	-2.02	2.00
VERMONT	24,000	22,996	22,234	-1,766	-762	-7.36	-3.31
VIRGINIA	245,000	281,752	278,590	33,590	-3,162	13.71	-1.12
WASHINGTON	205,000	239,841	238,348	33,348	-1,493	16.27	-0.62
WEST VIRGINIA	75,000	66,454	64,995	-10,005	-1,459	-13.34	-2.20
WISCONSIN	215,000	210,511	209,183	-5,817	-1,328	-2.71	-0.63
WYOMING	28,000	19,592	19,334	-8,666	-258	-30.95	-1.32
AMERICAN SAMOA	.	5,622	5,729	.	107	.	1.90
GUAM	.	11,311	11,736	.	425	.	3.76
NORTHERN MARIANAS	.	3,560	3,769	.	209	.	5.87
PALAU	.	1,039	1,065	.	26	.	2.50
VIRGIN ISLANDS	.	6,959	7,013	.	54	.	0.78
BUR. OF INDIAN AFFAIRS	.	.	.	.	.	.	.
50 STATES AND D.C.	10,879,000	11,949,500	11,807,226	928,226	-142,274	8.53	-1.19

Please see data notes for an explanation of individual State differences.
Population figures are July estimates from the Bureau of the Census.
Population data for Puerto Rico and the Outlying Areas are projections from the Bureau of the Census, International Programs Center. These projections adjust the 1990 Census annually based on the previous year's births and deaths.
Data based on the December 1, 1997 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AG1

State Grant Awards Under IDEA, Part B, Preschool Grant Program and Part C

APPROPRIATION YEAR 1997
ALLOCATION YEAR 1997-1998

STATE	IDEA, PART B	PRESCHOOL GRANT PROGRAM	PART C
ALABAMA	62,010,306	5,056,321	5,026,654
ALASKA	11,152,105	1,240,996	1,713,659
ARIZONA	52,380,021	5,234,835	5,964,019
ARKANSAS	35,772,484	5,275,780	2,985,693
CALIFORNIA	377,999,124	37,945,640	46,131,788
COLORADO	45,775,255	4,856,958	4,595,495
CONNECTICUT	48,117,672	4,823,971	3,775,344
DELAWARE	10,110,892	1,234,522	1,713,659
DISTRICT OF COLUMBIA	4,797,330	236,479	1,713,659
FLORIDA	209,302,593	18,166,520	16,118,402
GEORGIA	92,295,484	9,602,719	9,421,547
HAWAII	11,555,841	976,583	1,713,659
IDAHO	16,388,795	2,150,606	1,713,659
ILLINOIS	173,370,115	17,371,793	15,576,135
INDIANA	89,258,091	8,751,690	6,975,771
IOWA	43,577,833	3,925,710	3,081,637
KANSAS	35,408,747	4,262,391	3,088,058
KENTUCKY	53,898,093	10,044,866	4,392,829
LOUISIANA	58,900,416	6,382,405	5,531,914
MAINE	20,366,154	2,471,892	1,713,659
MARYLAND	68,175,088	6,570,944	6,054,659
MASSACHUSETTS	100,626,439	9,728,934	7,826,512
MICHIGAN	125,279,942	12,368,808	11,282,718
MINNESOTA	65,045,823	7,305,905	5,345,043
MISSISSIPPI	39,743,594	4,173,922	3,461,456
MISSOURI	80,669,020	5,894,391	6,171,758
MONTANA	11,708,961	1,165,898	1,713,659
NEBRASKA	25,816,586	2,216,202	1,942,380
NEVADA	19,848,673	2,187,001	2,149,117
NEW HAMPSHIRE	16,828,779	1,532,131	1,713,659
NEW JERSEY	128,803,568	11,190,115	9,629,574
NEW MEXICO	31,431,388	3,135,213	2,283,988
NEW YORK	264,134,403	33,248,390	22,197,971
NORTH CAROLINA	99,749,595	11,125,858	8,645,341
NORTH DAKOTA	8,063,465	787,809	1,713,659
OHIO	142,257,466	12,325,761	12,833,297
OKLAHOMA	48,360,789	3,577,925	3,832,847
OREGON	42,067,886	3,779,324	3,617,884
PENNSYLVANIA	139,851,926	13,763,543	12,737,869
PUERTO RICO	31,699,503	3,049,009	5,025,269
RHODE ISLAND	15,710,694	1,643,912	1,713,659
SOUTH CAROLINA	59,469,146	7,022,771	4,246,807
SOUTH DAKOTA	9,632,784	1,441,100	1,713,659
TENNESSEE	80,819,015	6,776,149	6,181,275
TEXAS	298,576,309	22,385,859	27,172,340
UTAH	34,156,916	3,491,974	3,280,289
VERMONT	7,650,354	840,965	1,713,659
VIRGINIA	92,946,711	8,977,259	7,695,736
WASHINGTON	69,082,555	8,034,152	6,522,539
WEST VIRGINIA	28,402,120	3,426,378	1,799,482
WISCONSIN	71,081,235	9,315,949	5,672,891
WYOMING	8,172,836	1,037,066	1,713,659
AMERICAN SAMOA	4,270,929	*	570,537
GUAM	10,318,497	*	1,263,482
NORTHERN MARIANAS	2,633,775	*	379,748
PALAU	184,167	1,706	26,004
VIRGIN ISLANDS	7,822,943	*	744,185
BUR. OF INDIAN AFFAIRS	46,682,402	*	4,284,149
U.S. AND OUTLYING AREA	3,790,213,633	373,535,000	349,820,000
50 STATES, D.C. & P.R.	3,718,300,920	373,533,294	342,551,895

State grant awards are initial allocations for the 1997 appropriation.
NOTE: In accordance with section 611 of the IDEA amendments of 1997, the Outlying Areas will receive their FY 1997 Preschool Grant amount under the Grants to States program.
Data based on the December 1, 1997 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH1

Number of Infants and Toddlers Receiving Early Intervention Services
December 1, 1997

STATE	0-1	1-2	2-3	BIRTH THROUGH 2 TOTAL	POPULATION	PERCENTAGE OF POPULATION
ALABAMA	200	585	822	1,607	174,259	0.92
ALASKA	61	163	242	466	29,080	1.60
ARIZONA	238	582	755	1,575	225,209	0.70
ARKANSAS	408	824	1,116	2,348	106,364	2.21
CALIFORNIA	2,969	5,819	7,908	16,696	1,566,637	1.07
COLORADO	593	919	1,282	2,794	163,943	1.70
CONNECTICUT	363	855	1,647	2,865	128,413	2.23
DELAWARE	162	227	360	749	29,305	2.56
DISTRICT OF COLUMBIA	54	116	169	339	19,293	1.76
FLORIDA	2,600	3,879	4,786	11,265	561,182	2.01
GEORGIA	520	1,128	1,724	3,372	334,245	1.01
HAWAII	1,171	1,041	923	3,135	52,126	6.01
IDAHO	190	281	432	903	54,820	1.65
ILLINOIS	1,229	2,608	3,921	7,758	535,100	1.45
INDIANA	840	1,618	2,327	4,785	242,721	1.97
IOWA	108	346	578	1,032	109,240	0.94
KANSAS	243	541	865	1,649	107,053	1.54
KENTUCKY	461	907	1,165	2,533	152,981	1.66
LOUISIANA	211	558	994	1,763	186,085	0.95
MAINE	52	192	404	648	40,458	1.60
MARYLAND	503	1,264	2,070	3,837	205,540	1.87
MASSACHUSETTS	1,841	2,883	4,921	9,645	235,722	4.09
MICHIGAN	1,258	1,884	2,455	5,597	385,371	1.45
MINNESOTA	407	858	1,541	2,806	187,175	1.50
MISSISSIPPI	342	819	1,107	2,268	119,726	1.89
MISSOURI	321	776	1,070	2,167	217,365	1.00
MONTANA	101	179	251	531	31,957	1.66
NEBRASKA	100	273	512	885	68,425	1.29
NEVADA	173	345	426	944	78,279	1.21
NEW HAMPSHIRE	119	257	434	810	43,136	1.88
NEW JERSEY	470	1,351	2,191	4,012	327,186	1.23
NEW MEXICO	319	614	994	1,927	79,296	2.43
NEW YORK	1,209	4,405	12,336	17,950	780,741	2.30
NORTH CAROLINA	781	1,773	2,398	4,952	308,426	1.61
NORTH DAKOTA	51	110	165	326	24,239	1.34
OHIO	6,285	5,849	10,783	22,917	444,315	5.16
OKLAHOMA	399	676	854	1,929	134,579	1.43
OREGON	244	605	956	1,805	127,662	1.41
PENNSYLVANIA	1,089	2,305	3,550	6,944	432,098	1.61
PUERTO RICO	735	1,614	2,424	4,773	190,281	2.51
RHODE ISLAND	109	270	474	853	36,449	2.34
SOUTH CAROLINA	329	697	994	2,020	149,677	1.35
SOUTH DAKOTA	50	178	254	482	29,637	1.63
TENNESSEE	608	1,143	1,583	3,334	215,511	1.55
TEXAS	1,806	4,088	5,967	11,861	967,997	1.23
UTAH	514	666	754	1,934	120,459	1.61
VERMONT	30	108	186	324	19,976	1.62
VIRGINIA	474	1,080	839	2,393	268,654	0.89
WASHINGTON	259	763	1,262	2,284	229,234	1.00
WEST VIRGINIA	450	656	769	1,875	60,816	3.08
WISCONSIN	402	1,187	2,306	3,895	197,539	1.97
WYOMING	60	154	217	431	18,327	2.35
AMERICAN SAMOA	11	23	14	48	5,151	0.93
GUAM	47	90	94	231	11,924	1.94
NORTHERN MARIANAS	7	15	15	37	3,828	0.97
VIRGIN ISLANDS	12	16	39	67	6,143	1.09
U.S. AND OUTLYING AREAS	34,588	63,163	99,625	197,376	11,581,355	1.70
50 STATES, D.C. & P.R.	34,511	63,019	99,463	196,993	11,554,309	1.70

Please see data notes for an explanation of individual State differences.
Population figures are July estimates from the Bureau of the Census.
Population data for Puerto Rico and the Outlying Areas are projections from the Bureau of the Census, International Programs Center. These projections adjust the 1990 Census annually based on the previous year's births and deaths.
Data based on the December 1, 1997 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH2

Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families in Accord with Part C
December 1, 1996

STATE	ASSISTIVE TECHNOLOGY SERVICES/ DEVICES	AUDIOLOGY	FAMILY TRAINING COUNSELING AND HOME VISITS	HEALTH SERVICES	MEDICAL SERVICES	NURSING SERVICES
ALABAMA	133	253	726	57	326	386
ALASKA	5	127	14	135	227	82
ARIZONA	7	120	271	54	110	65
ARKANSAS	92	201	159	216	0	.
CALIFORNIA	2,528	3,307	2,703	4,272	16,246	4,033
COLORADO	77	391	797	480	463	173
CONNECTICUT	0	53	1,275	0	0	10
DELAWARE	8	13	421	32	303	386
DISTRICT OF COLUMBIA	13	46	104	30	51	96
FLORIDA	1,008	997	8,367	328	6,494	3,833
GEORGIA	341	344	148	45	81	74
HAWAII	60	137	1,551	153	88	985
IDAHO	105	88	126	56	215	143
ILLINOIS	350	707	1,781	424	253	1,044
INDIANA	152	345	1,013	320	239	132
IOWA	18	201	87	69	70	90
KANSAS	234	316	551	276	129	91
KENTUCKY	195	198	111	29	34	38
LOUISIANA	75	417	305	246	546	183
MAINE	19	11	16	21	9	.
MARYLAND	8	470	116	5	15	274
MASSACHUSETTS	.	425	9,059	9,059	0	779
MICHIGAN	115	266	1,492	1,085	721	928
MINNESOTA	135	323	512	254	343	597
MISSISSIPPI	10	107	453	37	121	14
MISSOURI	212	125	623	.	559	87
MONTANA	36	110	508	74	110	34
NEBRASKA	56	40	56	11	12	11
NEVADA	18	50	938	222	722	0
NEW HAMPSHIRE	.	0	256	2	0	6
NEW JERSEY	9	70	173	4	21	106
NEW MEXICO	774	1,370	797	1,103	349	747
NEW YORK	309	560	4,634	0	79	190
NORTH CAROLINA	3,200	108	4,637	451	232	.
NORTH DAKOTA	60	65	226	47	64	49
OHIO	185	362	3,032	678	1,374	975
OKLAHOMA	0	4	27	0	0	54
OREGON	56	74	939	63	.	.
PENNSYLVANIA	78	274	963	16	11	299
PUERTO RICO	78	808	202	364	4,065	4,113
RHODE ISLAND	22	54	173	2	3	9
SOUTH CAROLINA	99	448	267	27	486	54
SOUTH DAKOTA	10	13	48	3	5	3
TENNESSEE	225	843	1,533	430	672	657
TEXAS	1,473	1,126	5,145	237	984	530
UTAH	45	221	1,038	67	3	929
VERMONT	1	27	71	.	46	27
VIRGINIA	38	108	179	15	65	41
WASHINGTON	247	183	1,299	425	299	355
WEST VIRGINIA	414	467	1,078	375	568	127
WISCONSIN	171	223	455	52	98	328
WYOMING	15	118	328	68	131	83
AMERICAN SAMOA	0	0	29	0	29	29
GUAM	0	96	201	1	55	14
NORTHERN MARIANAS	5	32	34	11	14	1
VIRGIN ISLANDS	1	9	51	17	36	0
U.S. AND OUTLYING AREAS	13,525	17,851	62,098	22,448	38,176	24,294
50 STATES, D.C. & P.R.	13,519	17,714	61,783	22,419	38,042	24,250

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1996 count, updated as of September 1, 1998.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH2

Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families in Accord with Part C
December 1, 1996

STATE	NUTRITION SERVICES	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PSYCHOLOGICAL SERVICES	RESPITE CARE	SOCIAL WORK SERVICES
ALABAMA	258	1,066	1,203	74	.	363
ALASKA	103	171	171	7	45	44
ARIZONA	69	898	939	13	400	24
ARKANSAS	122	659	705	262	0	79
CALIFORNIA	5,435	3,468	3,826	10,244	2,708	2,983
COLORADO	181	674	589	80	196	236
CONNECTICUT	8	352	577	10	0	61
DELAWARE	110	153	155	11	1	72
DISTRICT OF COLUMBIA	31	129	151	79	2	150
FLORIDA	250	3,179	3,455	869	151	2,998
GEORGIA	232	1,101	1,386	76	757	41
HAWAII	749	440	402	477	232	861
IDAHO	195	405	189	251	122	364
ILLINOIS	351	1,065	1,059	351	241	1,386
INDIANA	857	1,730	1,931	81	99	433
IOWA	34	297	344	46	24	100
KANSAS	293	580	558	266	85	399
KENTUCKY	33	700	777	163	503	100
LOUISIANA	261	489	560	10	31	50
MAINE	5	130	216	2	.	19
MARYLAND	8	929	1,601	59	1	58
MASSACHUSETTS	443	924	888	516	0	1,187
MICHIGAN	510	1,507	1,440	194	155	2,615
MINNESOTA	162	1,134	850	100	240	665
MISSISSIPPI	43	91	204	54	0	132
MISSOURI	55	606	801	15	.	27
MONTANA	124	164	169	41	238	68
NEBRASKA	.	353	369	24	.	22
NEVADA	126	235	301	311	0	502
NEW HAMPSHIRE	13	317	271	1	15	41
NEW JERSEY	22	870	1,300	27	5	572
NEW MEXICO	1,150	1,180	233	640	741	1,062
NEW YORK	130	5,531	6,308	384	805	980
NORTH CAROLINA	304	321	556	51	174	188
NORTH DAKOTA	80	128	62	15	62	57
OHIO	864	1,804	2,043	114	385	1,067
OKLAHOMA	16	301	374	25	0	1
OREGON	.	486	536	1	.	8
PENNSYLVANIA	78	2,551	3,112	249	0	983
PUERTO RICO	491	782	1,071	564	5	2,303
RHODE ISLAND	69	162	218	15	.	216
SOUTH CAROLINA	830	714	948	246	42	65
SOUTH DAKOTA	7	175	193	1	0	2
TENNESSEE	710	831	1,100	183	48	1,233
TEXAS	1,123	3,623	3,295	232	141	1,132
UTAH	113	552	645	8	0	55
VERMONT	23	65	94	4	26	3
VIRGINIA	40	685	1,120	12	167	91
WASHINGTON	357	881	903	174	73	502
WEST VIRGINIA	172	401	764	565	75	874
WISCONSIN	107	1,915	1,655	39	.	766
WYOMING	24	179	185	6	46	130
AMERICAN SAMOA	29	18	11	0	0	29
GUAM	10	19	69	188	.	27
NORTHERN MARIANAS	9	36	25	2	.	6
VIRGIN ISLANDS	8	38	58	0	0	17
U.S. AND OUTLYING AREAS	17,827	48,194	52,965	18,432	9,041	28,449
50 STATES, D.C. & P.R.	17,771	48,083	52,802	18,242	9,041	28,370

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1996 count, updated as of September 1, 1998.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH2

Early Intervention Services on IFSPs Provided to Infants, Toddlers, and Their Families in Accord with Part C
December 1, 1996

STATE	SPECIAL INSTRUCTION	SPEECH LANGUAGE PATHOLOGY	TRANSPORTATION	VISION SERVICES	OTHER EARLY INTERVENTION SERVICES
ALABAMA	996	1,444	277	213	59
ALASKA	437	208	6	36	1
ARIZONA	1,081	922	128	25	237
ARKANSAS	1,189	1,102	706	235	863
CALIFORNIA	12,935	3,843	1,038	4,257	2,317
COLORADO	565	664	143	160	1,336
CONNECTICUT	1,013	798	73	5	95
DELAWARE	189	189	35	18	443
DISTRICT OF COLUMBIA	149	181	128	10	.
FLORIDA	1,052	4,417	2,289	692	8,269
GEORGIA	1,549	1,353	913	219	36
HAWAII	495	628	218	47	872
IDAHO	582	441	95	44	931
ILLINOIS	2,712	1,735	511	301	472
INDIANA	4,351	2,301	1,335	70	291
IOWA	886	320	62	42	87
KANSAS	1,077	929	320	262	60
KENTUCKY	962	1,384	339	128	493
LOUISIANA	1,336	405	51	336	603
MAINE	.	299	224	5	.
MARYLAND	2,106	1,850	528	134	54
MASSACHUSETTS	1,911	996	2,355	806	0
MICHIGAN	1,950	1,339	542	141	1,381
MINNESOTA	2,092	1,411	346	204	235
MISSISSIPPI	304	238	125	99	79
MISSOURI	784	689	310	140	2,446
MONTANA	93	188	42	48	508
NEBRASKA	363	361	71	9	55
NEVADA	941	268	2	26	666
NEW HAMPSHIRE	148	405	9	73	393
NEW JERSEY	2,568	1,626	115	117	152
NEW MEXICO	1,219	479	642	1,742	227
NEW YORK	8,984	11,846	5,387	283	.
NORTH CAROLINA	4,637	587	255	165	140
NORTH DAKOTA	192	135	9	78	92
OHIO	1,378	2,112	684	132	3,260
OKLAHOMA	385	532	0	20	77
OREGON	53	625	173	23	27
PENNSYLVANIA	4,713	3,522	588	357	6,976
PUERTO RICO	1,343	831	0	358	0
RHODE ISLAND	292	241	102	5	188
SOUTH CAROLINA	1,584	1,156	36	282	335
SOUTH DAKOTA	272	245	144	14	0
TENNESSEE	1,660	1,500	862	291	382
TEXAS	7,247	5,369	752	764	392
UTAH	956	862	576	130	76
VERMONT	236	129	23	10	.
VIRGINIA	1,031	909	154	59	79
WASHINGTON	1,439	1,156	419	157	605
WEST VIRGINIA	1,625	945	522	280	96
WISCONSIN	2,538	2,818	1,161	140	97
WYOMING	248	242	116	17	21
AMERICAN SAMOA	29	29	27	5	27
GUAM	201	120	12	1	.
NORTHERN MARIANAS	40	37	11	5	0
VIRGIN ISLANDS	33	19	0	3	20
U.S. AND OUTLYING AREAS	89,151	69,380	25,991	14,223	36,551
50 STATES, D.C. & P.R.	88,848	69,175	25,941	14,209	36,504

Please see data notes for an explanation of individual State differences.

Data based on the December 1, 1996 count, updated as of September 1, 1998.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1996

STATE	ALL STAFF EMPLOYED	ALL STAFF NEEDED	AUDIOLOGISTS EMPLOYED	AUDIOLOGISTS NEEDED	FAMILY THERAPISTS EMPLOYED	FAMILY THERAPISTS NEEDED
ALABAMA	222	32	0	0	1	1
ALASKA	100	57	2	.	0	.
ARIZONA	307	68	0	0	6	10
ARKANSAS	682	.	3	.	1	.
CALIFORNIA	2,743	.	1	.	3	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	349	14	3	0	3	0
DELAWARE	236	29	1	0	1	0
DISTRICT OF COLUMBIA	176	28	2	0	1	0
FLORIDA	347	.	15	.	10	.
GEORGIA	561	224	17	8	8	8
HAWAII	268	42	1	0	1	1
IDAHO	134	210	0	6	0	.
ILLINOIS	535	127	5	2	12	3
INDIANA	816	72	15	3	5	2
IOWA	182	213	6	7	0	0
KANSAS	253	26	3	0	0	0
KENTUCKY	371	48	8	.	13	.
LOUISIANA	307	95	2	1	2	0
MAINE	292	.	37	.	7	.
MARYLAND	403	2	7	.	3	.
MASSACHUSETTS	1,025	1,207	0	0	0	0
MICHIGAN	870	1	10	.	14	.
MINNESOTA	537	67	8	1	11	3
MISSISSIPPI	146	18	5	0	1	0
MISSOURI	127	0	3	0	2	0
MONTANA	80	2	0	0	4	0
NEBRASKA	236	1	0	0	0	0
NEVADA	80	3	2	.	1	.
NEW HAMPSHIRE	115	2	0	0	0	0
NEW JERSEY	333	15	0	0	0	0
NEW MEXICO	209	21	0	0	1	0
NEW YORK	8,878	912	133	15	.	.
NORTH CAROLINA	1,341	144	4	1	.	.
NORTH DAKOTA	29	3	.	.	3	.
OHIO	2,045	.	10	.	25	.
OKLAHOMA	109	22	2	0	0	0
OREGON	171	18	1	0	1	0
PENNSYLVANIA	1,066	99	12	2	1	1
PUERTO RICO	99	33	4	1	0	0
RHODE ISLAND	71	12	0	0	0	0
SOUTH CAROLINA	244	.	1	.	8	.
SOUTH DAKOTA	35	.	0	.	1	.
TENNESSEE	674	53	10	0	2	0
TEXAS	1,454	87	4	0	1	0
UTAH	167	13	1	1	6	0
VERMONT	60	13	1	0	0	0
VIRGINIA	398	109	9	1	0	0
WASHINGTON	431	.	4	.	8	.
WEST VIRGINIA	273	28	1	0	4	0
WISCONSIN	468	8	0	.	1	.
WYOMING	109	123	2	4	4	8
AMERICAN SAMOA	39	.	0	.	1	.
GUAM	21	1	1	0	.	.
NORTHERN MARIANAS	12	3	0	.	0	.
VIRGIN ISLANDS	12	8	1	0	0	0
U.S. AND OUTLYING AREAS	31,244	4,312	356	52	177	36
50 STATES, D.C. & P.R.	31,160	4,300	354	52	175	36

Please see data notes for an explanation of individual State differences.
The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because some States could not provide personnel data by category.
The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and Outlying Areas because of rounding.
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1996

STATE	NURSES		NUTRITIONISTS		OCCUPATIONAL THERAPISTS	
	EMPLOYED	NEEDED	EMPLOYED	NEEDED	EMPLOYED	NEEDED
ALABAMA	5	1	1	0	12	5
ALASKA	3	.	0	.	11	8
ARIZONA	41	2	24	3	27	3
ARKANSAS	33	.	2	.	68	.
CALIFORNIA	30	.	10	.	18	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	8	0	1	0	38	0
DELAWARE	101	2	4	0	12	1
DISTRICT OF COLUMBIA	8	1	3	0	10	4
FLORIDA	41	.	2	.	20	.
GEORGIA	41	9	11	6	63	13
HAWAII	4	1	1	0	9	2
IDAHO	5	18	1	5	8	24
ILLINOIS	34	8	1	3	34	10
INDIANA	26	2	6	3	71	10
IOWA	8	9	0	1	11	15
KANSAS	10	2	1	0	18	3
KENTUCKY	28	.	4	.	40	7
LOUISIANA	4	4	0	0	20	12
MAINE	40	.	4	.	12	.
MARYLAND	25	.	0	.	32	.
MASSACHUSETTS	87	102	12	14	105	123
MICHIGAN	100	.	5	.	83	.
MINNESOTA	57	6	3	1	56	6
MISSISSIPPI	6	0	2	0	6	2
MISSOURI	3	0	2	0	12	0
MONTANA	3	0	1	0	4	0
NEBRASKA	2	0	.	.	6	0
NEVADA	0	.	4	.	4	.
NEW HAMPSHIRE	2	0	0	0	21	1
NEW JERSEY	21	1	1	0	33	2
NEW MEXICO	4	0	1	0	13	5
NEW YORK	1,200	55	88	16	1,013	137
NORTH CAROLINA	84	10	26	3	52	15
NORTH DAKOTA	0	0	0	.	5	0
OHIO	309	.	16	.	63	.
OKLAHOMA	10	0	1	0	14	3
OREGON	2	0	0	0	12	1
PENNSYLVANIA	9	1	3	0	96	12
PUERTO RICO	15	4	2	2	12	1
RHODE ISLAND	1	0	1	0	3	1
SOUTH CAROLINA	14	.	1	.	3	.
SOUTH DAKOTA	0	.	0	.	4	.
TENNESSEE	51	1	4	1	30	4
TEXAS	76	2	11	2	107	9
UTAH	13	1	0	1	8	2
VERMONT	4	0	2	0	4	1
VIRGINIA	37	8	8	3	33	9
WASHINGTON	24	.	6	.	61	.
WEST VIRGINIA	7	3	1	1	9	2
WISCONSIN	9	.	0	.	75	1
WYOMING	7	8	1	3	13	12
AMERICAN SAMOA	3	.	2	.	1	.
GUAM	4	0	0	0	0	0
NORTHERN MARIANAS	0	.	0	.	1	.
VIRGIN ISLANDS	2	0	0	0	1	2
U.S. AND OUTLYING AREAS	2,660	260	281	67	2,494	464
50 STATES, D.C. & P.R.	2,651	260	278	67	2,491	462

Please see data notes for an explanation of individual State differences.
The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because some States could not provide personnel data by category.
The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and Outlying Areas because of rounding.
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1996

STATE	ORIENTATION AND MOBILITY SPECIALISTS EMPLOYED	ORIENTATION AND MOBILITY SPECIALISTS NEEDED	PARAPROFESSIONALS EMPLOYED	PARAPROFESSIONALS NEEDED	PEDIATRICIANS EMPLOYED	PEDIATRICIANS NEEDED
ALABAMA	0	0	56	4	0	0
ALASKA	2	.	13	12	0	.
ARIZONA	0	0	36	16	0	0
ARKANSAS	1	.	173	.	0	.
CALIFORNIA	.	.	404	.	.	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	0	0	34	6	2	0
DELAWARE	.	.	44	1	6	0
DISTRICT OF COLUMBIA	7	0	56	1	5	0
FLORIDA	0	.	16	.	13	.
GEORGIA	4	6	96	24	17	28
HAWAII	0	0	138	11	0	0
IDAHO	1	.	24	69	1	.
ILLINOIS	1	2	56	7	15	1
INDIANA	2	0	83	3	27	3
IOWA	1	1	0	0	.	.
KANSAS	0	0	67	11	2	0
KENTUCKY	2	2	9	5	10	.
LOUISIANA	0	0	49	6	0	0
MAINE	1	.	19	.	10	.
MARYLAND	0	.	40	.	2	.
MASSACHUSETTS	0	3	107	126	1	1
MICHIGAN	1	.	32	.	10	.
MINNESOTA	3	0	46	5	.	.
MISSISSIPPI	3	0	23	2	2	0
MISSOURI	1	0	15	0	5	0
MONTANA	0	0	7	0	0	0
NEBRASKA	0	0	96	0	0	0
NEVADA	1	0	11	.	2	1
NEW HAMPSHIRE	0	0	20	0	0	0
NEW JERSEY	0	0	34	0	0	0
NEW MEXICO	0	0	33	2	2	1
NEW YORK	24	7	387	70	.	.
NORTH CAROLINA	10	2	236	20	24	2
NORTH DAKOTA	0	.	0	.	0	.
OHIO	0	.	.	.	.	.
OKLAHOMA	0	0	0	0	0	0
OREGON	0	0	34	5	0	0
PENNSYLVANIA	5	1	75	6	2	0
PUERTO RICO	0	0	9	19	10	1
RHODE ISLAND	0	0	9	1	0	0
SOUTH CAROLINA	2	.	31	.	1	.
SOUTH DAKOTA	0	.	0	.	0	.
TENNESSEE	2	0	156	3	6	1
TEXAS	1	0	235	5	7	0
UTAH	0	0	27	0	0	0
VERMONT	3	1	6	2	0	0
VIRGINIA	5	1	26	15	7	4
WASHINGTON	0	.	78	.	28	.
WEST VIRGINIA	0	0	55	5	2	0
WISCONSIN	1	.	79	2	0	.
WYOMING	0	2	16	19	0	1
AMERICAN SAMOA	0	.	1	.	7	.
GUAM	.	.	4	0	0	0
NORTHERN MARIANAS	.	.	7	.	0	.
VIRGIN ISLANDS	0	0	1	0	2	0
U.S. AND OUTLYING AREAS	84	28	3,307	481	228	44
50 STATES, D.C. & P.R.	84	28	3,294	481	219	44

Please see data notes for an explanation of individual State differences.
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Data based on the December 1, 1996 count, updated as of September 1, 1998.
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Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1996

STATE	PHYSICAL THERAPISTS EMPLOYED	PHYSICAL THERAPISTS NEEDED	PHYSICIANS, OTHER THAN PEDIATRICIANS EMPLOYED	PHYSICIANS, OTHER THAN PEDIATRICIANS NEEDED	PSYCHOLOGISTS EMPLOYED	PSYCHOLOGISTS NEEDED
ALABAMA	13	3	0	0	0	0
ALASKA	12	8	0	.	1	.
ARIZONA	36	8	1	0	5	0
ARKANSAS	73	.	2	.	4	.
CALIFORNIA	15	.	9	.	35	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	55	2	1	0	3	0
DELAWARE	12	2	0	0	1	0
DISTRICT OF COLUMBIA	13	2	1	0	5	1
FLORIDA	17	.	4	.	34	.
GEORGIA	77	28	16	24	20	14
HAWAII	9	2	0	0	1	2
IDAHO	3	28	2	.	4	7
ILLINOIS	34	14	2	2	8	2
INDIANA	71	9	21	2	6	1
IOWA	8	13	.	.	14	16
KANSAS	13	3	2	0	3	0
KENTUCKY	43	6	0	.	3	.
LOUISIANA	14	19	0	0	7	2
MAINE	21	.	5	.	.	.
MARYLAND	51	.	0	.	8	.
MASSACHUSETTS	102	120	0	0	58	68
MICHIGAN	61	.	16	.	22	.
MINNESOTA	34	4	.	.	11	2
MISSISSIPPI	10	4	1	0	5	0
MISSOURI	16	0	11	0	1	0
MONTANA	5	1	1	0	0	0
NEBRASKA	3	0	0	0	1	0
NEVADA	4	.	0	.	5	.
NEW HAMPSHIRE	16	1	0	0	2	0
NEW JERSEY	34	1	0	0	1	0
NEW MEXICO	19	4	2	0	0	1
NEW YORK	1,162	123	264	14	456	64
NORTH CAROLINA	53	9	2	.	63	6
NORTH DAKOTA	1	0	.	.	.	.
OHIO	86	.	31	.	59	.
OKLAHOMA	16	4	0	0	3	2
OREGON	11	1	0	0	1	0
PENNSYLVANIA	100	19	1	0	9	0
PUERTO RICO	14	1	0	0	8	1
RHODE ISLAND	8	1	0	0	2	0
SOUTH CAROLINA	5	.	1	.	1	.
SOUTH DAKOTA	4	.	0	.	0	.
TENNESSEE	44	5	5	0	8	4
TEXAS	88	8	.	.	3	0
UTAH	7	2	0	0	1	0
VERMONT	6	2	0	0	1	1
VIRGINIA	48	9	3	1	4	1
WASHINGTON	41	.	21	.	3	.
WEST VIRGINIA	14	4	1	0	5	1
WISCONSIN	59	3	1	.	1	.
WYOMING	10	7	0	1	1	7
AMERICAN SAMOA	1	.	4	.	2	.
GUAM	1	0	0	0	0	0
NORTHERN MARIANAS	1	1	.	.	.	.
VIRGIN ISLANDS	2	3	1	0	0	0
U.S. AND OUTLYING AREAS	2,674	479	430	44	896	202
50 STATES, D.C. & P.R.	2,670	475	425	44	894	202

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Data based on the December 1, 1996 count, updated as of September 1, 1998.
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Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1996

STATE	SOCIAL WORKERS		SPECIAL EDUCATORS		SPEECH AND LANGUAGE PATHOLOGISTS	
	EMPLOYED	NEEDED	EMPLOYED	NEEDED	EMPLOYED	NEEDED
ALABAMA	8	0	43	9	18	4
ALASKA	6	4	22	15	17	10
ARIZONA	23	15	44	3	37	6
ARKANSAS	7	.	103	.	118	.
CALIFORNIA	1	.	1,734	.	2	.
COLORADO	.	.	.	.	.	.
CONNECTICUT	13	1	133	3	51	3
DELAWARE	4	2	18	17	13	2
DISTRICT OF COLUMBIA	14	1	29	7	16	4
FLORIDA	42	.	31	.	18	.
GEORGIA	35	13	74	18	73	25
HAWAII	33	5	13	6	8	4
IDAHO	12	4	29	33	14	17
ILLINOIS	30	8	150	38	59	20
INDIANA	13	4	230	10	93	8
IOWA	19	21	77	86	25	33
KANSAS	15	0	71	2	30	6
KENTUCKY	20	.	77	5	66	14
LOUISIANA	12	8	118	27	30	10
MAINE	29	.	11	.	34	.
MARYLAND	25	.	138	1	72	2
MASSACHUSETTS	134	157	216	254	113	133
MICHIGAN	121	.	230	.	84	.
MINNESOTA	27	5	169	17	87	13
MISSISSIPPI	11	0	50	3	6	9
MISSOURI	1	0	39	0	17	0
MONTANA	2	0	1	0	6	0
NEBRASKA	3	0	84	0	39	0
NEVADA	6	.	25	2	11	.
NEW HAMPSHIRE	6	0	23	0	22	1
NEW JERSEY	39	4	75	2	47	3
NEW MEXICO	8	0	68	4	29	6
NEW YORK	821	92	1,972	129	1,357	190
NORTH CAROLINA	128	14	302	24	47	15
NORTH DAKOTA	2	0	11	2	5	.
OHIO	209	.	511	.	151	.
OKLAHOMA	1	1	28	4	28	7
OREGON	1	1	49	6	30	3
PENNSYLVANIA	42	3	350	20	138	24
PUERTO RICO	7	3	0	0	13	2
RHODE ISLAND	2	2	7	1	10	1
SOUTH CAROLINA	1	.	165	.	10	.
SOUTH DAKOTA	0	.	19	.	5	.
TENNESSEE	46	3	105	14	69	11
TEXAS	115	6	168	9	150	19
UTAH	3	3	17	2	15	2
VERMONT	2	1	16	3	7	2
VIRGINIA	37	14	55	21	57	12
WASHINGTON	15	.	76	.	59	.
WEST VIRGINIA	39	3	83	1	24	6
WISCONSIN	11	.	100	2	114	2
WYOMING	4	7	25	25	21	14
AMERICAN SAMOA	3	.	9	.	1	.
GUAM	2	1	3	0	2	0
NORTHERN MARIANAS	0	.	2	1	1	1
VIRGIN ISLANDS	0	0	1	1	1	2
U.S. AND OUTLYING AREAS	2,212	402	8,197	823	3,566	642
50 STATES, D.C. & P.R.	2,206	401	8,182	821	3,561	639

Please see data notes for an explanation of individual State differences.
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The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and Outlying Areas because of rounding.
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH3

Number and Type of Personnel Employed and Needed to Provide Early Intervention Services to Infants and Toddlers with Disabilities and Their Families December 1, 1996

STATE	OTHER --PROFESSIONAL STAFF-- EMPLOYED	NEEDED
ALABAMA	65	5
ALASKA	12	.
ARIZONA	28	3
ARKANSAS	96	.
CALIFORNIA	483	.
COLORADO	.	.
CONNECTICUT	4	1
DELAWARE	19	2
DISTRICT OF COLUMBIA	8	7
FLORIDA	85	.
GEORGIA	8	0
HAWAII	49	9
IDAHO	30	0
ILLINOIS	93	8
INDIANA	146	11
IOWA	12	12
KANSAS	18	0
KENTUCKY	48	11
LOUISIANA	49	8
MAINE	62	.
MARYLAND	.	.
MASSACHUSETTS	90	106
MICHIGAN	81	1
MINNESOTA	27	4
MISSISSIPPI	15	0
MISSOURI	0	0
MONTANA	46	0
NEBRASKA	1	0
NEVADA	5	.
NEW HAMPSHIRE	2	0
NEW JERSEY	47	2
NEW MEXICO	32	0
NEW YORK	3	1
NORTH CAROLINA	310	23
NORTH DAKOTA	2	1
OHIO	575	.
OKLAHOMA	5	0
OREGON	29	1
PENNSYLVANIA	225	10
PUERTO RICO	6	0
RHODE ISLAND	29	5
SOUTH CAROLINA	0	.
SOUTH DAKOTA	0	.
TENNESSEE	136	7
TEXAS	488	28
UTAH	70	0
VERMONT	9	1
VIRGINIA	68	11
WASHINGTON	7	.
WEST VIRGINIA	28	3
WISCONSIN	16	.
WYOMING	7	7
AMERICAN SAMOA	4	.
GUAM	4	0
NORTHERN MARIANAS	0	.
VIRGIN ISLANDS	1	0
U.S. AND OUTLYING AREAS	3,682	287
50 STATES, D.C. & P.R.	3,673	287

Please see data notes for an explanation of individual State differences.
The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the personnel categories because some States could not provide personnel data by category.
The total FTE for the U.S. and Outlying Areas and the 50 States, D.C., and Puerto Rico may not equal the sum of the individual States and Outlying Areas because of rounding.
Data based on the December 1, 1996 count, updated as of September 1, 1998.
U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Table AH4

Number of Infants and Toddlers Birth Through Age 2 Served in Different Early Intervention Settings Under Part C
December 1, 1996

STATE	EARLY INTERVENTION CLASSROOM	FAMILY CHILD CARE	HOME	HOSPITAL (INPATIENT)	OUTPATIENT SERVICE FACILITY
ALABAMA	765	3	470	10	342
ALASKA	21	.	431	1	6
ARIZONA	511	4	1,089	0	94
ARKANSAS	854	10	592	10	368
CALIFORNIA	10,040	.	10,040	.	.
COLORADO	159	12	569	146	390
CONNECTICUT	.	.	2,115	.	344
DELAWARE	35	1	650	1	197
DISTRICT OF COLUMBIA	205	0	15	0	90
FLORIDA	1,502	1	3,217	386	6,142
GEORGIA	504	131	1,269	3	1,198
HAWAII	514	9	2,358	4	168
IDAHO	356	3	499	5	28
ILLINOIS	3,194	27	4,127	0	16
INDIANA	2,013	65	3,062	166	1,457
IOWA	118	24	803	4	12
KANSAS	312	59	958	2	125
KENTUCKY	453	6	1,114	0	454
LOUISIANA	131	14	1,217	12	433
MAINE	.	.	289	15	20
MARYLAND	1,278	47	2,255	1	174
MASSACHUSETTS	.	.	9,059	.	.
MICHIGAN	1,267	5	3,240	28	358
MINNESOTA	666	.	1,767	4	66
MISSISSIPPI	332	2	111	0	20
MISSOURI	539	26	1,068	13	230
MONTANA	2	1	482	1	5
NEBRASKA	186	1	483	8	8
NEVADA	722	2	208	2	.
NEW HAMPSHIRE	80	5	818	0	2
NEW JERSEY	1,864	24	1,178	21	409
NEW MEXICO	460	5	1,301	18	37
NEW YORK	4,873	76	9,413	101	201
NORTH CAROLINA	370	.	3,816	12	108
NORTH DAKOTA	.	1	272	.	6
OHIO	2,206	8	4,104	91	599
OKLAHOMA	49	11	1,529	5	64
OREGON	378	12	767	2	60
PENNSYLVANIA	1,963	19	4,124	41	202
PUERTO RICO	.	.	.	.	4,666
RHODE ISLAND	146	0	451	40	36
SOUTH CAROLINA	87	0	1,310	2	573
SOUTH DAKOTA	127	14	216	5	44
TENNESSEE	1,004	9	1,047	5	1,144
TEXAS	519	264	8,806	4	194
UTAH	716	10	1,247	0	1
VERMONT	16	6	227	0	12
VIRGINIA	457	12	1,239	5	472
WASHINGTON	1,285	30	598	25	199
WEST VIRGINIA	422	1	1,201	15	14
WISCONSIN	1,838	32	1,455	40	365
WYOMING	159	5	193	0	0
AMERICAN SAMOA	41	.	.	0	0
GUAM	48	9	140	0	1
NORTHERN MARIANAS	15	.	32	.	.
VIRGIN ISLANDS	.	7	20	.	29
U.S. AND OUTLYING AREAS	45,802	1,013	99,061	1,254	22,183
50 STATES, D.C. & P.R.	45,698	997	98,869	1,254	22,153

Please see data notes for an explanation of individual State differences.

The sum of the individual age-year data may not equal total settings data because some States could not provide age-year data.

Data based on the December 1, 1997 count, updated as of September 1, 1998

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

Table AH4

Number of Infants and Toddlers Birth Through Age 2 Served in Different Early Intervention Settings Under Part C
December 1, 1996

STATE	REGULAR NURSERY SCHOOL/ CHILD CARE	RESIDENTIAL FACILITY	OTHER SETTING	ALL SETTINGS
ALABAMA	2	.	7	1,599
ALASKA	5	.	6	470
ARIZONA	21	1	8	1,728
ARKANSAS	142	45	0	2,021
CALIFORNIA	.	.	.	20,080
COLORADO	34	2	671	1,983
CONNECTICUT	456	.	.	2,915
DELAWARE	6	1	31	922
DISTRICT OF COLUMBIA	9	0	2	321
FLORIDA	110	12	527	11,897
GEORGIA	242	3	13	3,363
HAWAII	19	0	159	3,231
IDAHO	20	0	20	931
ILLINOIS	43	0	400	7,807
INDIANA	172	1	682	7,618
IOWA	54	.	19	1,034
KANSAS	17	3	16	1,492
KENTUCKY	122	0	31	2,180
LOUISIANA	28	3	117	1,955
MAINE	168	.	7	499
MARYLAND	56	1	11	3,823
MASSACHUSETTS	.	.	.	9,059
MICHIGAN	2	1	241	5,142
MINNESOTA	155	.	.	2,658
MISSISSIPPI	22	0	4	491
MISSOURI	56	0	306	2,238
MONTANA	1	0	16	508
NEBRASKA	3	0	3	692
NEVADA	5	2	.	941
NEW HAMPSHIRE	17	0	2	924
NEW JERSEY	97	5	161	3,759
NEW MEXICO	17	8	15	1,861
NEW YORK	343	22	120	15,149
NORTH CAROLINA	312	4	15	4,637
NORTH DAKOTA	2	.	.	281
OHIO	24	4	685	7,721
OKLAHOMA	30	0	55	1,743
OREGON	47	13	28	1,307
PENNSYLVANIA	125	15	557	7,046
PUERTO RICO	.	.	.	4,666
RHODE ISLAND	57	0	33	763
SOUTH CAROLINA	5	0	49	2,026
SOUTH DAKOTA	13	1	14	434
TENNESSEE	56	0	43	3,308
TEXAS	926	19	86	10,818
UTAH	0	1	4	1,979
VERMONT	45	0	1	307
VIRGINIA	7	0	2	2,194
WASHINGTON	43	6	2	2,188
WEST VIRGINIA	37	2	83	1,775
WISCONSIN	78	0	9	3,817
WYOMING	14	0	5	376
AMERICAN SAMOA	4	0	0	45
GUAM	3	0	0	201
NORTHERN MARIANAS	.	.	.	47
VIRGIN ISLANDS	5	1	2	64
U.S. AND OUTLYING AREAS	4,277	176	5,268	179,034
50 STATES, D.C. & P.R.	4,265	175	5,266	178,677

Please see data notes for an explanation of individual State differences.

The sum of the individual age-year data may not equal total settings data because some States could not provide age-year data.

Data based on the December 1, 1996 count, updated as of September 1, 1998.

U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS).

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Data Notes

Notes that are screened accompany tables
that are not included in this packet

NOTES FOR APPENDIX A

Notes to the tables found in Appendix A contain information on the ways in which States collected and reported data differently from the OSEP data formats and instructions. In addition, the notes provide explanations of significant changes in the data from the previous year. The chart below summarizes differences in collecting and reporting data for 12 States. These variations affected the way data were reported for the IDEA, Part B child count, and the educational environment, and exiting collections. Additional notes on how States reported data for specific data collections follow this chart.

Table A-1
State Reporting Patterns for IDEA, Part B Child Count Data 1997-98, Other Data 1996-97

	Differences from OSEP Reporting Categories Where H = Reported in the hearing impairments category O = Reported in the orthopedic impairments category P = Reported in the primary disability category R = Reported in other disability categories			
States	Multiple Disabilities	Other Health Impairments	Deaf-Blindness	Traumatic Brain Injury
Colorado		O		
Delaware	P	O		
Florida	P			
Georgia	P			
Illinois	P			
Michigan		O	H	R
Mississippi		O		
North Dakota	P			
Oregon	P			
West Virginia	P			
Wisconsin	P			
Wyoming	P		H	

Tables AA1 - AA14: Child Count

NOTE: Twelve States suggested that the increases in their counts of students with other health impairments were due to increases in the identification and inclusion of students with attention deficit disorder and attention deficit hyperactivity disorders. These States include:

Arizona	Georgia	Maryland	Oklahoma
Arkansas	Indiana	Missouri	West Virginia
Connecticut	Kentucky	Nevada	Wisconsin

Ten States commented that the increases in counts of students with autism were a result of better diagnosis and identification of the disorder, continued reclassification of students, and improved training in methods and assessments of autism. These States include:

Arizona	Indiana	Missouri	Wisconsin
California	Maryland	New Jersey	
Georgia	Minnesota	Ohio	

Delaware -- The State indicated that the increase from 1996-97 to 1997-98 in the number of students with hearing impairments was a result of the under reporting of students by one of the State's schools for the hearing impaired in previous years.

Tables AB1 - AB8: Educational Environments

Alabama -- The State indicated that the discrepancy between the 1996-97 placement and child count figures was due to placement data not being available for some students served in State programs.

Illinois -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in regular class to a change in its placement definitions to match the Federal definitions. In the past, students who should have been reported in regular class under the Federal definitions were classified in resource room and separate class under the State's definition.

Louisiana -- The State attributed the increase from 1995-96 to 1996-97 in homebound/hospital placements to the following factors: the decision of LEAs appraisal staff to assign home placements as a result of disciplinary actions and an

increase in the number of requests by parents of medically fragile or terminally ill children.

Minnesota -- The State attributed the decrease from 1995-96 to 1996-97 in public separate school facility and homebound/hospital to adjustments in reporting to align with the Federal placement categories.

Missouri -- The State attributed the changes in the placement data to the transition to a new data system. The increase from 1995-96 to 1996-97 in the number of children served in separate public schools was attributed to an increase in alternative programs as a result of Safe Schools legislation. Missouri's review of district data indicated that some districts reported these students under public separate schools. The State noted that although these programs were generally in separate buildings, they were primarily established for children without disabilities. Therefore, children served in these programs are served in a variety of settings. The State will provide more detailed instructions to districts on how to report these data for the next reporting year. Missouri noted that the homebound/hospital placement tends to fluctuate due to the short-term nature of these placements.

Nebraska -- The State attributed the decrease from 1995-96 to 1996-97 in homebound/hospital placements to more accurate reporting.

New Mexico -- The State attributed the increase from 1995-96 to 1996-97 in correctional facility placements to (1) better identification of students within the prison system who qualify for special education services and (2) a decision to report students in state-supported educational programs who are "locked-up" in this category.

New York -- During 1996-97, New York State has continued to improve the forms and procedures which have been phased-in since 1992 in order to collect data regarding the implementation of the FAPE requirement. During 1994-95, in consultation with OSEP and Westat, New York State field tested new forms and procedures in order to collect more valid implementation of FAPE requirement data for students with disabilities who received preschool special education programs and services.

Tennessee -- The State noted that the increase from 1995-96 to 1996-97 in correctional facilities was a result of the consolidation of service delivery and reporting under the Department of Children Services.

Utah -- The State attributed the decrease from 1995-96 to 1996-97 in the number of children served in public residential facility placements to a change in the educational placement of children with deafness. Increasingly, more students with deafness are served in self-contained classes in regular schools rather than in residential programs. These classes are operated under the aegis of the Utah Schools for the Deaf and Blind (USDB). Utah suspects that in the prior year, the USDB reported all of its students as being served in public residential facilities. In the current year, the USDB only reported residential students under public residential facility and reported its day students under separate class.

Tables AC1 - AC4: Personnel

Alabama -- Alabama attributed the increase from 1995-96 to 1996-97 in the total demand for nonprofessional staff to the use of more support staff in regular classrooms. The State thought that the decrease from 1995-96 to 1996-97 in retained teachers was related to the practice of some districts of releasing nontenured teachers at the end of the school and rehiring them the following year; some of these released teachers move to other districts. Alabama verified the decrease from 1995-96 to 1996-97 in the number of retained fully certified audiologists and speech pathologists; and attributed the increase from 1995-96 to 1996-97 in retained fully certified nonprofessional staff to an overall increase in nonprofessional staff.

Arizona -- The State provided the following explanations for the changes from 1995-96 to 1996-97: (1) the decrease in total demand for teachers of students ages 6-21 was a result of more students being served in integrated settings in both school districts and charter schools; (2) the decrease in total demand for psychologists was a result of more districts contracting with individual psychologists or consulting firms to provide services as needed rather than hiring psychologists as staff members; (3) the decrease in total demand for teacher aides reflects the natural variation in these figures caused by the fact that the number of teacher aides directly depends on the needs reflected in the IEP of children each reporting period; (4) the increase in the number of employed not fully certified staff was a result of the increased number of children served in charter schools that reported a variety of non-special education staff in this category; and (5) the decrease in total demand for interpreters seemed to be a result of changes in the needs of children as reflected in their IEPs.

California -- The State attributed the increase from 1995-96 to 1996-97 in the various personnel categories to two factors: an increase in annual enrollment by 20,000, and more concerted efforts by districts to meet the need for these personnel types.

Georgia -- The State provided the following explanations for changes in the data between 1995-96 and 1996-97: (1) the increase in the demand for diagnostic staff was due to the reclassification of personnel between the supervisors/administrators and other diagnostic staff categories to more accurately reflect their duties; (2) the increase in the demand for speech-language pathologists was due to the reclassification of personnel previously reported as speech teachers into this category; and (3) the decrease in the demand for other professional staff and the increase in the demand for other personnel was a result of improvements in the reporting of personnel by specific categories (i.e., specific examples were given in the instructions that were sent to districts).

Illinois -- The State thought that the fluctuations in the personnel data were due to a change in districts' reporting practices. In 1995-96, problems with the reporting practices of some districts resulted in almost 2,000 records not being included in the Federal reports. These problems were resolved for the 1996-97 school year. Illinois believes that the current data are more accurate.

Kentucky -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in the personnel data. (1) The significant decrease in the total demand for teachers to serve children ages 3-5 was due to errors in the previous data collection. Many districts did not restrict this count to only special education teachers of preschool children; (2) The decrease in total demand for supervisors/administrators (SEA) was a result of State programs formerly operated by the Cabinet for Human Resources (a State agency) now being administered by LEAs. (3) The increase in fully certified nonprofessional staff and the decrease in not fully certified nonprofessional staff was a result of Kentucky's having no certification requirement for nonprofessional staff. Districts have not been consistent in reporting these staff as certified or not certified. However, the overall total for this category reflects virtually no change. And (4), the increase in not fully certified teacher aides was a result of inconsistent reporting of these data by districts. Since there is no certification requirement for teacher aides, districts report in a variety of ways.

Minnesota -- The State indicated that it does not have a clear explanation for the increase from 1995-96 to 1996-97 in the demand for other professional staff but suspects that it may be due to districts' using more contracted staff to meet service needs without adding to permanent staff.

Missouri -- The State indicated that the changes from 1995-96 to 1996-97 in the personnel data were due to improvements in its data system. The new data system now has the capacity to check the personnel data against the teacher certification files and calculate provisional certificates on an FTE basis. This means that the number listed under "not fully certified" reflects actual FTEs and not the number of certificates issued

as was done in previous years. Missouri noted that specific categorical certification is not available in the areas of deaf/blind, autism, traumatic brain injury, and multiple disabilities. The figures reported represent provisional certificates in another area of special education. Missouri attributed the decrease from 1995-96 to 1996-97 in the number of supervisors/administrators employed to expansions in the job descriptions of many special education directors, thus reducing the amount of time spent for special education. The State thought that the increase from 1995-96 to 1996-97 in the demand for teacher aides was a result of greater inclusion.

Nevada -- The State verified the increase from 1995-96 to 1996-97 in the number of retained fully certified speech pathologists. Nevada suspects that the increase from 1995-96 to 1996-97 was due to districts having more success in recruiting and retaining speech pathologists.

New Jersey -- The State attributed the increase from 1995-96 to 1996-97 in the numbers of occupational and physical therapists to the inclusion of both the employed and contracted personnel in the figures. In the past, data on contracted personnel were not reported. New Jersey attributed the changes in the number of teacher aides retained to the yearly variability in their turnover rate.

New Mexico -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of employed not fully certified speech pathologists was due to the introduction of a new license for speech/language apprentices; districts now report these apprentices in the fully certified column.

New York -- The State indicated that personnel data were subjected to additional data verification procedures that have resulted in increased data reliability.

North Dakota -- The State indicated that the increase in the total demand for speech pathologists occurred because of a recent decision to report all speech staff members as speech pathologists.

Oklahoma -- The State provided the following explanations for changes from 1995-96 to 1996-97: (1) the increase in demand for diagnostic and evaluation staff was due to the first-time reporting of SDE Regional Education Service Center diagnostic and evaluation staff; (2) the increase in the number of vacant positions for supervisors/administrators was due to a turnover of personnel and to the use of a transition grant to fund new positions; (3) the increase in the demand for nonprofessional staff was due to a growth in the numbers of bus monitors, clerical staff and part-time data support personnel in the public schools.

Kansas -- The State attributed the increase from 1995-96 to 1996-97 in the total number of students who exited to its efforts to increase the accuracy and completeness of the exiting data submitted by school districts.

Maryland -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of students with specific learning disabilities who exited was due to one school district being forced to report estimated data because of problems with its data system. The district overestimated the number of number of students with specific learning disabilities who exited in the previous year. Maryland stated that the current year's data represented more accurate counts.

Missouri -- The State attributed the changes from 1995-96 to 1996-97 in the exiting data primarily to the transition to a new data system. Missouri noted that several of the smaller districts did not have all of the exit categories in place in their districts and others were not able to report students by age in the required categories; this particularly affected the figures reported for returned to regular education, moved not known to be continuing, and dropped out. The State anticipates that these problems will be corrected by the next reporting year. Missouri thought that the increase from 1995-96 to 1996-97 in the number of students who graduated with diplomas and graduated with certificates was due to more accurate reporting by the school districts.

Nevada -- The State attributed the increase from 1995-96 to 1996-97 in the number of students who graduated with certificates to improvements in data collection and reporting at the district level.

New York -- During 1996-97, New York State has continued to improve the forms and procedures which have been phased-in since 1992 in order to collect data regarding the manner in which students with disabilities exit special education.

Puerto Rico -- The State provided the following explanations: (1) the increase from 1995-96 to 1996-97 in the number of students that returned to regular education was due to an increase in the number of students who were reevaluated and declassified, and the increase from 1995-96 to 1996-97 in the number of students who dropped out was due to the reporting of students classified as "Adjustments" (i.e., students who are undergoing the procedure to determine ineligibility) in this category.

Tennessee -- The State provided the following explanations: (1) the increase from 1995-96 to 1996-97 in the number of students who exited special education in the moved, known to be continuing category was due to improvements in district tracking of the movement of students, and (2) the increase from 1995-96 to 1996-97 in the number of students who graduated with a certificate was probably due to more districts correctly

Tennessee -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in personnel demand. The increase in total demand for vocational education teachers was due to districts' becoming more focused on providing these services since they were recently cited by monitors for not serving enough children, and the availability of transition grant monies to provide vocational educational services. The increase in total demand for psychologists was also a result of recent citations by monitors for not serving enough children. The increase in total demand for speech pathologists was due to a decision not to report any speech pathologists under teachers. The increase in total demand for supervisors/administrators (SEA) was due to the reorganization of the SEA and to the hiring of more personnel to staff newly opened regional resource centers. The decrease in total demand for interpreters was due to the recent publications of standards which has resulted in more accurate reporting. The increase in 1996-97 in total demand for rehabilitation counselors was the result of a collaborative effort (funding was 70/30) between the Department of Vocational Rehabilitation and the school districts to provide more rehabilitation services.

Wisconsin -- The State attributed the changes from 1995-96 to 1996-97 in personnel data (i.e., decrease in the total demand for vocational education teachers and physical education teachers, and an increase in the number of retained interpreters) to a revision of its personnel data collection system.

Tables AD1 - AD3: Exiting

California -- The State attributed the increase from 1995-96 to 1996-97 in the number of students with emotional disturbance that exited through the moved, known to be continuing basis of exit to districts that reported children who transitioned to the next level of education (e.g., going from junior high to high school). California noted that districts started this practice because they wanted to be able to account for all students that leave the district. California noted that the moved, not known to be continuing category was used to report students who exited for all other reasons. Westat is working with the State to clarify use of these bases of exit.

Connecticut -- The State attributed the increase from 1995-96 to 1996-97 in the total number of students that exited special education to the first-time collection of these data over a 12-month period. Previous exiting data were collected over a 6- to 8-month period.

Indiana -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of students who exited through reaching maximum age for service were a result of a decision in a Indiana court case (*Tuttle v Evans*) which in effect raised the special education mandate from age 18 to age 22. This case has resulted in more students staying in school longer.

reporting students who graduated with a special education diploma in this category. Tennessee noted that more students are staying in school to graduate with diploma or certificate (both kinds) and that there is a new competency test which may have steered a few students towards graduation with a certificate rather than diploma. The State also noted that students can graduate with three types of diplomas, namely, regular, certificate of attendance (i.e., completion of 20 credits), and special education diploma (i.e., completion of IEP).

Table AH1: Counts of Infants and Toddlers Served

Mississippi -- The State thought that the increase from 1996-97 to 1997-98 in the number of infants and toddlers served under Part C was a reflection of its efforts to better coordinate data collection and reporting with all counties in the State. Mississippi felt that the current figures more accurately reflect the number of children served than the figures reported in the previous year.

Montana -- The State indicated that the children reported as awaiting services were waiting for eligibility determination.

Utah -- The State indicated that the children reported as awaiting services were children who have been determined eligible for services but are awaiting completion of their IFSPs.

Table AH2: Early Intervention Services

Arizona -- The State attributed the decrease from 1995-96 to 1996-97 in the number of children who received respite care to widespread financial constraints. Arizona noted that provider and family education has helped families obtain respite alternatives.

California -- The State indicated that the increases from 1995-96 to 1996-97 in the number of children who received assistive technology, audiology, family training, counseling, home visits, health, medical, nursing, nutrition, physical therapy, psychology, social work, and vision services were a result of a change in the information source for these data. The reported data were drawn from a new reporting source, the California Early Start Report, which captured information about the purchaser and the service provider. In previous years, the submitted information represented only data obtained from the lead agency fiscal accounting system and the California Department of Education service data. In additional to these sources, the current information also included data from other State agencies, including the California Department of Health Services, the California Department of Social Services, Alcohol and Drug Programs, and the Department of Mental Health, and from nongovernmental sources such as private

insurance, volunteer, and other service organizations. California attributed the decrease from 1995-96 to 1996-97 in the number of children who received respite care, special instruction, and transportation services to a reporting error in the previous year's data. The State discovered that some providers reported the total number of times the services were provided and not the unique number of children who received the services.

Colorado -- The State thought that the changes from 1995-96 to 1996-97 in the number of children who received various services was a result of the shift in data sources from State sources (generally developed for financial tracking and used to imply services and location summary data for Part C eligible children) to locally generated summary data and the decision to classify more services in the Other category.

Florida -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in the services data: (1) the increase in the number of children who received assistive technology services/devices was due to better reporting of services and not to actual increases in services; (2) the increase in the number of children who received nursing and medical services was because the CMS Medical Clinics reported these services for all children who received services through them; (3) the increases in occupational therapy, physical therapy, speech language pathology, and vision services were due to better reporting of services; and (4) the increase in transportation services was a result of the greater demand on the Part C system to provide transportation to locations for required services.

Georgia -- The State provided the following explanations for the changes in data from 1995-96 to 1996-97: (1) the increase in the number of children who received assistive technology services was due to increased use of new protocols and awareness of policies by service providers; (2) the increase in the number of children who received respite services was due to greater availability of funds; and (3) the increase in the number of children who received vision services was due to the increased availability of these services, especially among new service providers.

Indiana -- The State indicated that the increase from 1995-96 to 1996-97 in the number of children who received special instruction services was a result of additional child find. Indiana thought that clarification of the service descriptors has resulted in improved and more accurate reports, which together with increased availability of services and providers were contributing factors in the increase in speech-language pathology services.

Kentucky -- The State attributed the increase in the number of children who received respite care services, special instruction services, and speech-language pathology services to increases in the population and the expansion of the provider base. Kentucky thinks that the decrease in the number of children who received vision services may be related to a statewide change in the contract for these services. However, the State feels that the decrease was disproportionate to the change in the contracts and suspects that some providers may have reported inaccurately.

Massachusetts -- Massachusetts does not provide early intervention services based upon categorical description. Services data were computed based on the ratio of specific personnel categories to the total number of staff.

Michigan -- The State provided the following explanations for the increase from 1995-96 to 1996-97 in the number of children who received various services: (1) there was a general increase in the number of children served; (2) many local districts have been working together to improve their reporting of occupational therapy, physical therapy, and speech and language therapy services data; (3) the increase in the number of children who received health services was due to a growth in the number of children served through the Department of Health (they are primarily children who are developmentally delayed but do not have established conditions); (4) the increase in the number of children who received social work services was due to some provider reporting of service coordination in this category and to 20 Detroit area community mental health district offices starting to provide social work services to infants and toddlers; and (5) the increase in other early intervention services was due to providers' reporting nontraditional nonclassroom special education services (e.g., play groups, home-based services) in this category rather than in special instruction.

Nevada -- The State attributed the decrease from 1995-96 to 1996-97 in the number of students who received psychological services to improvements in data collection. Nevada indicated that it has been conducting extensive training on data collection, including clarification of the definitions.

New York -- The State indicated that the increase from 1995-96 to 1996-97 in respite care services was due to better response from providers and families to the State's efforts to encourage the use of respite care services. New York uses all Federal funds to provide respite care.

Ohio -- The State indicated that the services data were based on a 7,721 count of children who received IFSP-based services as documented by Part C-financed projects at the local level. This figure is unduplicated and represents only those children who met Part C eligibility requirements and whose records were maintained in the Part C data collection system.

Pennsylvania -- The State thought the decrease from 1995-96 to 1996-97 in family training and home visits was a result of policy changes, the addition of the Parent-to-Parent System, and statewide changes in service delivery patterns. Pennsylvania further noted that its emphasis on serving infants in natural environments has resulted in less need for the family to travel to a service delivery site.

Puerto Rico -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children who received audiology services was due to the following factors: one of the State's audiologists was away on maternity leave; a service contract was canceled; and the use of a new, more accurate, longer testing regimen that has resulted in fewer children being scheduled for evaluation. Puerto Rico attributed the increase from 1995-96 to 1996-97 in special instruction services to improved reporting as a result of clarification of definitions. The State attributed the increase in social work services to the availability of more personnel.

Rhode Island -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children who received family training, counseling, home visits, and other support services was because the current figures represent an unduplicated count of children who received this service. Rhode Island suspects that the prior year figure was duplicated in the sense that a child who received family training and counseling and home visits was counted three times.

South Carolina -- The State indicated that the changes from 1995-96 to 1996-97 in early intervention services were generally attributable to an increase in the eligible population, a growth in the program, and to greater public awareness of the programs. South Carolina also provided the following specific reasons. (1) The increase in audiology services was the result of a program that placed diagnostic devices in every major hospital that led to more testing and detection. There was also an increase in the number of staff hired to provide these services. (2) The decrease in family training, counseling, and home services was due to the reclassification of early interventionists who provide services in the home from this category into the special instruction category. (3) The increase in nutrition services was a result of increased funding for these programs. (4) The increase in early intervention services was due to the reclassification of some personnel from the family training, counseling, and home services category; the availability of more personnel to provide these services; and efforts by the State to provide these services to all infants who need them. (5) The increase in speech language pathology services was attributed to the State's success in hiring more speech language pathologists. And (6) the increase in vision services was a result of the State's allowing providers to use an expanded definition of vision care.

South Dakota -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of children who received other early intervention services was due to its decision not to report data on service coordination in that category as was done last year.

Texas -- The State indicated that the changes from 1995-96 to 1996-97 in the number of children who received various services was a result of its increased emphasis on providing services in inclusive and natural environments. Texas noted that this change has resulted in an increase in the number of infants and toddlers who received services through Medicaid.

Utah -- The State attributed the decrease from 1995-96 to 1996-97 in the number of children who received health services to improved understanding by contractors and service providers of the distinction between health services and nursing services. Utah indicated that the current figures are a more accurate representation of this service category.

Table AH3: Early Intervention Personnel Employed and Needed

Arizona -- The State provided the following explanations for the changes from 1995-96 to 1996-97 in the personnel data: (1) the decrease in the number of paraprofessionals employed was because paraprofessionals, who consider themselves early interventionists, increasingly reported themselves in the special education or other professional staff categories, and (2) the increase in the need for personnel is a result of the State's population increase.

California -- The State attributed the decrease from 1995-96 to 1996-97 in the number of paraprofessionals used to a shift in staff usage configurations. California noted that total staff resources have remained essentially stable.

Delaware -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of professional staff employed was due to improved reporting of staff who provide services at the offices of primary care physicians. Through the collection of better data, the State determined that most of these personnel did not provide early intervention services. The State attributed the decrease from 1995-96 to 1996-97 in the number of total staff needed to the availability of more State personnel to provide services.

Indiana -- The State attributed the changes from 1995-96 to 1996-97 in the personnel data to improved clarification and definition of personnel categories, which has resulted in better data. Indiana noted that its transition to a new data collection system has resulted in a growth in the number of practitioners and organizations that provide services. The State attributed the decrease in the number of personnel needed to the expansion of the provider base, which has resulted in a decrease in the need for additional staff.

Kentucky -- The State attributed the increase in the number of personnel employed to an increase in the population of children served and to the expansion of the provider base.

Michigan -- The State attributed the increase from 1995-96 to 1996-97 in the number of nurses employed to a growth in the number of children served by the Department of Health. Michigan attributed the increase in the number of social workers employed to the fact that 20 community mental health district offices in Detroit, which primarily provide social work services, began providing early intervention services to infants and toddlers.

Minnesota -- The State attributed the changes in the personnel data to the State's transition from reporting based on estimates to reporting based on actual data.

Ohio -- The State indicated that the 1996-97 personnel data were compiled from a statewide survey conducted by the Ohio Family and Child Learning Center and that they represented the most reliable figures available on the number and type of personnel providing IFSP-based early intervention services in Ohio.

Oklahoma -- The State indicated that the decrease from 1995-96 to 1996-97 in the number of other professional staff employed was because, in the previous year, special educators and child development specialists were combined and reported in this category. In the current year, only child development specialists were reported in this category.

Pennsylvania -- The State attributed the decreases from 1995-96 to 1996-97 in the number of paraprofessionals employed and needed and in the number of special educators needed to a restructuring of service delivery models away from center-based programs, which traditionally have used more special educators and paraprofessionals. Pennsylvania thought that the use of additional funding sources (e.g., Medical Assistance) with specific certification requirements has resulted in the use of more "professional" service providers.

Texas -- The State attributed the increase from 1995-96 to 1996-97 in the number of social workers and special educators employed to a general growth in employed personnel as a result of an increase in the number of children served.

Utah -- The State indicated that the increase from 1995-96 to 1996-97 in the total number of staff employed (including the increase in the number of other professional staff) was due to the following reasons: (1) improvements in data collection and reporting; (2) clarifications of definitions used in reporting; (3) efforts to collect FTE on all personnel funded through early intervention contracts; (4) additional personnel were hired or contracted to staff a new deaf-blind service program; (5) interpreters were reported for the first time; (6) increase in the hiring of paraprofessionals to support occupational therapy, physical therapy, and speech-language professionals (there is a new 2-year COTA program); and (7) applicable clerical and janitorial staff data were reported.

Table AH4: Early Intervention Service Settings

Alabama -- The State attributed the increase in outpatient settings to an increase in the amount of services provided by the Bureau of Maternal and Child Health (MCH); most of the MCH services are provided in outpatient settings.

Arizona -- The State thought that the decrease from 1995-96 to 1996-97 in the number of infants served in outpatient service facilities was due to an increase in the number of children who receive services both at home and in outpatient service facilities. Most providers report these children as receiving services in the home.

Connecticut -- The State verified the increase from 1995-96 to 1996-97 in the number of infants served in regular nursery school/child care placements and outpatient service facilities. Connecticut attributed the increase in regular nursery school placements to its concerted efforts to serve children in natural environments.

Delaware -- The State attributed the decrease from 1995-96 to 1996-97 in outpatient service facility placements to an emphasis on providing more services in natural environments.

Florida -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in outpatient service facilities and the decrease from 1995-96 to 1996-97 in the number of children served in home placements, hospital, and special nursery schools to its use of a decision matrix that counts all children who received any services in an outpatient service facility in that setting regardless of any other settings that may have provided them services. Florida attributed the decrease from 1995-96 to 1996-97

in early intervention classroom/center placements and the increase from 1995-96 to 1996-97 in other setting placements to its increased emphasis on serving children in natural settings.

Indiana -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in various settings to an overall increase in the number of children served. Indiana noted that an increased emphasis on natural environments has resulted in the increase in the other setting placement category and that an expansion of the provider network to therapy groups and hospitals resulted in the increase in outpatient service facilities.

Kentucky -- The State attributed the increase from 1995-96 to 1996-97 in the number of children served in various settings to an increase in the population and to the expansion of the provider base.

Minnesota -- The State attributed the decrease from 1995-96 to 1996-97 in early intervention classroom/center placements and the increase in home placements to (1) the use of actual data (previous reports were based on estimates) and (2) the State's emphasis on providing services in more natural settings.

New Hampshire -- The State noted that since its data system allows for multiple placements of children, it cannot provide unduplicated settings data. The State indicated that it is working with its programming staff to be able to provide unduplicated placement data in the future.

New Jersey -- The State indicated that the increase from 1995-96 to 1996-97 in the outpatient service facility placements was due to a better understanding of this category among service providers; they are making a better distinction between the location of the service (e.g., center or hospital) and the characteristics of the service. New Jersey attributed the increase from 1995-96 to 1996-97 in the other settings placements to an increase in the number of families receiving service coordination, the number of infants that received medical day care, and the number of infants served in alternative community settings (e.g., libraries, McDonalds).

New York -- The State indicated that the increase from 1995-96 to 1996-97 in the number of home placements was due to its efforts to serve more children at home. New York indicated that it was pleased with the increase since it has traditionally used a more center-based service delivery model. New York verified the increase from 1995-96 to 1996-97 in other setting placement and noted that the category was primarily used to report children who only receive transportation services, assistive technology services, or service coordination.

Pennsylvania -- The State thought the decrease from 1995-96 to 1996-97 in the number of children served in other setting placements was a result of the considerable time spent training and working with County MH/MR Program staff to improve data reporting accuracy.

Utah -- The State attributed the decrease from 1995-96 to 1996-97 in family child care placements to IFSP team decisions to serve more children in home settings.

Washington -- The State thought that the increase from 1995-96 to 1996-97 in the number of children served in early intervention classroom/center placements was a result of the overall increase in the number of children served.

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